

REGISTRATION FORM

Saugus Youth Soccer Association

(Affiliated with the Massachusetts Youth Soccer Association and the United States Youth Soccer Association)

PLAYER INFORMATION

Any registrants playing in U10 and above must provide a birth certificate for age verification along with a 2x2 photo.

D.O.B.: _____ Last Name: _____ First Name: _____ MI: _____ M/F: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Work: _____ Cell: _____
Father's Name: _____ Mother's Name: _____

Parental Support: The SYSYA is run totally by volunteers, so any help you can provide is always welcome. If you are interested in becoming a volunteer, please select one of the following positions:

Coach Assistant Coach Team Parent Board Member Clerical Concessions

REGISTRATION INFORMATION

Age Group: U6/U8 U9/U10 U11/U12 U13/U14 U15/U16 U17 U18 U19

Late registrants will be charged the current late fee. If there are no openings, registrants will be placed on a waiting list. **Refunds** are issued minus the late fee and the prepaid insurance fee. For additional information, please contact the Registrar, Richard Swierk at registrarsysa@yahoo.com or mail your registration form to:

Richard Swierk
21 Stone Street
Saugus, MA 01906

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I, the parent/guardian of the registrant, a minor, agree with the rules of the USYSA, its affiliated organizations and sponsors, and in particular that the registrant will not be allowed to participate without my providing full medical insurance coverage. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities. I hereby provide medical coverage for the registrant and I shall maintain said policy and coverage till the registrant no longer participates in the programs sponsored by USYSA, and its affiliates. I hereby further agree that in the event the aforementioned policy is cancelled, I shall immediately notify USYSA and its affiliated organizations and I shall not permit the registrant to participate in any USYSA Program.

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependant.

Name: _____ Signature: _____
Parent/Legal Guardian (Please print)

FOR ASSOCIATION USE ONLY

Fall:	Fee: _____	Bank Name: _____
Spring:	Fee: _____	Check Number: _____
	Late Fee: _____	Received By: _____
	Total: _____	Date: _____