



**WESTFORD YOUTH SOCCER ASSOCIATION
REGISTRATION – FALL 2010**



Player's First Name:		Player's Middle Initial:		Player's Last Name:	
Street:			City:		State:
Home Phone:		Cell Phone:		Email Address:	
Age Group (Circle one): . <i>If the player is not eligible for the selected age group, the player will be placed in the appropriate age group.</i> See reverse side or website for more information <p align="center"> In-Town: U6 U7 U8 U9/U10 Travel: U10 U12 U14 HS Age </p>					
Gender (circle one): M F		Date of Birth: (MM/DD/YY) / /		Grade in <u>FALL 2010</u>:	
First Time Player? (circle one) Y N				IN-TOWN ONLY (U6, U7, U8, U9/U10): You may circle up to two nights that your player <u>cannot</u> practice. <i>No guarantees!</i> <p align="center"> Mon Tue Wed Thu Fri </p>	
If yes, send copy of birth certificate with this registration. Comments: <i>WYSA is unable to grant special requests including placement of players on teams with specific friends or coaches. WYSA will disregard any requests for specific coaches or teammates.</i>					

Emergency Contact Name:		Emergency Contact Phone Number:	
Doctor's Name:		Doctor's Phone Number:	
Does your player have any medical conditions we should be aware of? If none, please write "NONE."			

Massachusetts Youth Soccer Mailings: Please select the appropriate box to indicate what kind of mailings you would like to receive:
 Baystater Soccer Magazine and Commercial Mailings Baystater Soccer Magazine Only No Mailings

Parent/Guardian1 – Name:		Address (Street, City, State, Zip) – if different from player			
Home Phone:	Work Phone:	Cell Phone:	E-Mail:		
I would like to volunteer as: (Circle all that apply) * Coaches must provide date of birth and preferred practice nights Concessions Coach* Asst Coach* DOB: _____ Preferred practice nights: _____					

Parent/Guardian 2 – Name:		Address (Street, City, State, Zip) - if different from player			
Home Phone:	Work Phone:	Cell Phone:	E-Mail:		
I would like to volunteer as: (Circle all that apply) * Coaches must provide date of birth and preferred practice nights Concessions Coach* Asst Coach* DOB: _____ Preferred practice nights: _____					

LIABILITY RELEASE I, the parent/guardian of the above named registrant, a minor, agree that I and registrant will abide by the rules of WYSA, MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WYSA/MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Program"), I herby release, discharge and/or otherwise indemnify WYSA/MYSA/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 Program(s) and/or being transported to or from the same, which transportation I herby authorize.

MEDICAL CONSENT As parent or legal guardian of the above-named player, I herby give my consent for emergency medical care prescribed by a duly 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 dependent.

CREDIT/REFUND/REGISTRATION POLICIES: I have read and agree to the Credit/Refund/Registration policies on the Registration Information page and understand all refunds must be requested by August 1st.

Parent/Guardian Signature: _____
 Your signature indicates that you agree with all the statements above.