



# Middleboro Youth Soccer Association

## Mass Youth/US Youth Soccer

### MEMBERSHIP FORM



*Affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)*

**Player's First Name:** \_\_\_\_\_ **Player's Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Parent/Guardian #1	Parent/Guardian #2
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____ <b>Date of Birth:</b> _____	<b>Relationship:</b> _____ <b>Date of Birth:</b> _____
<b>Cell:</b> _____	<b>Cell:</b> _____
<b>Email #1:</b> _____	<b>Email #1:</b> _____
<b>Email #2:</b> _____	<b>Email #2:</b> _____

Check here if you want to receive announcements, schedule changes & other important information via email from MYSA:

Check here if you do NOT want to receive commercial mailings from Mass Youth/US Youth Soccer:

List any medical problems: \_\_\_\_\_

Person to notify in case of Emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor to notify in case of Emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

Abide by Rules and Release	Consent for Medical Treatment
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the 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 the 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.</p> <p><b>Name:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	<p>As Parent or Legal Guardian of the above named player, I hereby 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.</p> <p><b>Name:</b> _____</p> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____</p>

#### VOLUNTEER ENROLLMENT – 1 to 2 hours per season

Volunteering can be a fun and rewarding experience for parents & children. MYSA is run exclusively by parent volunteers. We are now offering a volunteer discount on the registration fee. Please check one or more boxes below indicating which areas you would be able to assist in.

- Head Coach**     **Asst. Coach**     **Snack Shack**  
 **Lining the fields**     **Parking Lot Attendant (Purchase St.)**  
 **Clean-Up Crew**     **Tradesperson (electrician/plumber, etc)**

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**REGISTRATION FEE:**

**Standard Rate \$90**

**Registration Fee Paid:** \_\_\_\_\_ **Cash** **Check #** \_\_\_\_\_ **MYSA Signature:** \_\_\_\_\_