MAUMEE YOUTH SOCCER REGISTRATION FORM

NAME _____ _____ _____ GENDER M / F(CIRCLE ONE)
LAST FIRST INITIAL

FOR OFFICE USE ONLY

ADDRESS:_____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE#: _____

BIRTH DATE: _____ MOTHER'S BIRTHDAY (mo/day): _____

EMAIL: _____

SCHOOL: _____

FATHER'S NAME_____ CELL_____ BUS. PHONE_____

MOTHER'S NAME_____ CELL_____ BUS. PHONE_____

MEDICAL RESTRICTIONS_____

EMERGENCY CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:_____

PHONE:_____

DOCTOR TO NOTIFY IN CASE OF EMERGENCY_____PHONE_____

CURRENT AGE/GRADE OF PLAYER:
M3___ PreSchool___ K___ 1st___ 2nd___ 3rd___ 4th___ 5th___ 6th___ 7th___ 8th___

# of years played _____

Team Mate Request 1._____ **COACH REQUEST**_____

2._____

MYSA IS ALWAYS IN NEED OF VOLUNTEERS, "HOW CAN YOU HELP?"

AGE GROUP COMMISSIONER COACH ASST. COACH. BOARD MEMBER

COST PER SEASON: **$35** (MAKE CHECKS PAYABLE TO **MYSA**)
LATE FEE: **$20** (Must be paid after posted deadline dates)

Registration Forms/Dates Can Be Found At: www.maumeesoccer.com

*****New Uniforms MUST be purchased at The Soccer Spot—1620 Market Place Drive—Ste. 2, Maumee, OH 43537 (inside the Maumee Soccer Centre). 419- 893-5419. Cost is $20.00/jersey.*****
Monday-Friday: 10am-8pm; Saturday: 10am-6pm; Sunday: 12pm-5pm

RELEASE OF LIABILITY FOR PERSONEL INJURY AND PROPERTY

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 ORGANIZATION 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 INDENTIFY THE USYSA, ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE PROGRAM AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANTS PARTICIPATION IN THE PROGRAMS AND OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

NAME_____
PARENT/GUARDIAN

SIGNATURE_____DATE_____

CONSENT FOR MEDICAL TREATMENT(MINOR)

AS THE 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 THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT.

SIGNATURE_____
PARENT/GUARDIAN

MAIL FORM TO:
MYSA
P.O. BOX 489
MAUMEE, OHIO 43537

ANY APPLICATION RECEIVED AFTER THE DEADLINE DATE CAN NOT BE GUARANTEED A SPOT ON A TEAM