

BETHEL YOUTH SOCCER ASSOCIATION, INC.

c/o Parks & Rec Dept, 1 School St. Bethel, CT 06801

REGISTRATION

Fall
 Spring

Boys Intown
 Girls Intown

Boys Travel
 Girls Travel

Check each
appropriate box

PLAYER INFORMATION

Last Name _____ First Name _____

Address _____

Phone Number _____ Date of Birth _____ Male Female

Grade _____ No. Of Prior Seasons Played _____ Height _____ Weight _____

Parent/Guardian Name(s) _____

Parent/Guardian Email Address (optional) _____

Parental Support: We ask for active participation and positive support of all parents in our program. I will be willing to help as (please circle): Coach _____ Team Parent _____
Asst Coach _____ Other _____

IMPORTANT

I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BYSA, Inc. Recognizing the possibility of physical injury associated with soccer and in consideration for the BYSA, Inc. accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the BYSA, Inc. 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.

NAME (PLEASE PRINT) _____

SIGNATURE _____

PARENT/GUARDIAN CONSENT FOR MEDIAL TREATMENT:

I hereby give the above named player permission to participate in the BYSA soccer program. As his/her parent or legal guardian, I give consent for emergency medical care prescribed and administered by a duly licensed Doctor, Paramedic or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

SIGNATURE _____ **Date** _____

Known Allergies or Medical Problems _____

Person To Notify In An Emergency _____ Tel. _____

Doctor To Notify In An Emergency _____ Tel. _____

PARENTS CODE OF ETHICS

I have read the Parents Code of Ethics and pledge to provide positive support, care and encouragement for my child participating in the Bethel Youth Soccer Association Program as stated in the ethics statement.

SIGNATURE _____ **Date** _____

FOR OFFICE USE ONLY

Registration Fee \$ _____ Cash Check # _____ Amount \$ _____

Late Fee \$ _____ Comments: _____

Total \$ _____ _____