



Membership Form TRAVEL PLAYER ONLY

Official Use Only

- FOR LEAGUE
USE ONLY
- Transfer
 - New
 - Re-registration
 - Change/
Correction

Please visit our website
www.NECONN.org
Player #: _____

Fall 2008 Player Fees: \$25 per player club fee, team fee's (as set by each individual team) and uniform if needed.

Last Name: _____ First Name: _____ Initial: _____ Birth Date: _____
 Mailing Address: _____ Street Address: _____ City: _____
 State: _____ Zip Code: _____ Home Phone: _____ Gender: _____ E-Mail Address: _____

Father's Last Name: _____ First Name: _____ Home Phone _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Cell Phone _____ E-Mail Address: _____

Mother's Last Name: _____ First Name: _____ Home Phone _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Cell Phone _____ E-Mail Address: _____

List any medical problems or challenges player has _____
 Person to notify in an emergency _____ Telephone _____
 Doctor to notify in an emergency _____ Telephone _____

Participation, Photography Release and Consent for Medical Treatment of a Minor

RELEASE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYS (NECONN Youth Soccer), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYS (NECONN Youth Soccer) accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify USYS (NECONN Youth Soccer), 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.

PHOTOGRAPHY: My child and I understand that NECONN may take photographs and or video in which registrant herein may be a participant or spectator. I hereby consent to NECONN's use of any such photos, videos, likeness or name in program promotions and or marketing of such program(s) without notice or any compensation. I waive all rights that I/my child may claim in relation to the use of such photographs, likeness or name.

MEDICAL TREATMENT: As the parent or legal guardian of the above-named player, I hereby give 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.

X _____ Date: _____
 Signature of Parent or Legal Guardian

Parental Support

We need active participation of all parents in our program. Check area(s) in which you would be willing to help.

- | | |
|---|---|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Pictures |
| <input type="checkbox"/> Assit. Coach | <input type="checkbox"/> Donor/Fund Raising |
| <input type="checkbox"/> Team Parent/Mom | <input type="checkbox"/> Field Lining/Preparation |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Tournaments/Summer Camp |
- Other _____

OFFICIAL USE ONLY

Birth Cert. Received & Verified Yes No

Registration Fees:

Player Fee \$25.00 _____
 Received By _____

Total Fee Paid \$ _____
 Check Number _____ Date _____
 Cash