

**DO NOT WRITE IN THIS SPACE - BYS USE ONLY**

**Birth Certificate:** Yes / No    **Payment:** Cash / Ck. #: \_\_\_\_\_  
**Amount Rec'd:** \$ \_\_\_\_\_    **Number Registered:** 1 / 2 / 3+

**DIVISION**  
Micros    U8 Boys    U8 Girls    U10 Boys    U10 Girls  
U12 Boys    U12 Girls    U14 Co-Ed    U18 Co-Ed

**REGISTRATION FEES ARE NON-REFUNDABLE: 1 Player (\$50) / 2 Players (\$95) / 3+ Players (\$115)**

**BROOKLYN YOUTH SOCCER PLAYER REGISTRATION FORM**

*(One Form Must Be Completed for Each Player)*

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

CURRENT GRADE (SPRING) \_\_\_\_\_ / GRADE IN SEPTEMBER (FALL REGISTRATION)

**CHILD'S UNIFORM SHIRT SIZE**

**YOUTH:**

**ADULT:**

**PARENT/GUARDIAN INFORMATION**

First Parent/Guardian's Name:	Second Parent/Guardian's Name:
Cell Phone # Work/Other Phone #	Cell Phone # Work/Other Phone #
Email:	Email:

**EMERGENCY CONTACT/MEDICAL INFORMATION**

Emergency Contact:	Phone #
Doctor to notify in Emergency:	Phone #
MEDICAL CONDITIONS:	

**CONSENT and LIABILITY WAIVER, CONSENT FOR EMERGENCY MEDICAL TREATMENT, ACKNOWLEDGEMENT OF CODE OF CONDUCT**

I/We, the parent(s)/legal guardian(s), hereby give consent for participation in all BYS soccer related activities. I/We understand that participation in sports activities includes physical exertion and contact and certify that this child is in good health and able to participate in all activities. I/We hereby release BYS, Its directors, officers, agents, coaches and volunteers from any and all claims and liability of any kind for death or personal injury due to participation in BYS activities. I/We also consent such emergency medical care and treatment as may be deemed necessary and appropriate by a duly licensed medical or dental professional to preserve the life, limb or well-being of the above-named minor, which shall include such emergency treatment and transportation as is reasonably necessary to reach the nearest medical facility. *By signing below, I/We also acknowledge that I/We have reviewed and accept the Player-Parent Code of Conduct as a condition of participation in Brooklyn Youth Soccer and that any violation thereof will subject me/us/the child to such penalties as the Board, in its sole discretion, deems necessary and appropriate for the best interest, safety and security of BYS, its members, players, coaches, and spectators, up to and including dismissal.*

**SIGNATURE OF PARENT/GUARDIAN:**

**DATE:**

**Interested in helping to support your team? Sign up and become part of our Parental Support!!!**

**VOLUNTEER'S NAME:** \_\_\_\_\_