



MEMBERSHIP FORM

www.witchcitysoccer.org

				YS YM YL AS AM AL AXL
Player ONE Last Name	First Name	M/F	Date of Birth	Player ONE Shirt Size
				YS YM YL AS AM AL AXL
Player TWO Last Name	First Name	M/F	Date of Birth	Player TWO Shirt Size
				YS YM YL AS AM AL AXL
Player THREE Last Name	First Name	M/F	Date of Birth	Player Three Shirt Size
Street Address	City	Zip Code	Home Phone #	
Father's Name	Father's Cell Phone	Father's Email		
Mother's Name	Mother's Cell Phone	Mother's Email		
Person to Notify in an Emergency	Relationship	Phone #		
Doctor to Notify in an Emergency	Doctor's Phone			
Medical Problems or Issues				

Abide by Rules and Release	Consent for Medical Treatment (Minor)
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Mass Youth Soccer Association, 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 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 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>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>
Name (Please Print)	Name (Please Print)
Signature	Signature
Date	Date
PLEASE DO NOT WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY	

Be sure to visit our website at www.witchcitysoccer.org

Paid by:	CHECK # CASH	\$	Date Received	Intown			Essex County			ON FILE	
				Gender	Group		Gender	Group		PHOTO	Birth Cert.
Player 1			Fall Spring	B G	U6 U8 U10	B G	10 12 14 16 18				
Player 2			Fall Spring	B G	U6 U8 U10	B G	10 12 14 16 18				
Player 3			Fall Spring	B G	U6 U8 U10	B G	10 12 14 16 18				