



# Player Registration

Please complete this form and mail with a check to:

Fishermen Youth Soccer  
PO Box 1603  
Gloucester, MA 01930

## PLAYER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Grade in 2018-19 School Year:  Pre-K  Kindergarten  Grade 1 or 2  Grade 3 or 4  Grade 5 or 6

Has player played FYS soccer before?  Yes  No

Does the player play for a club team?  Yes  No

## MEDICAL INFORMATION

Does the player have any allergies?  Yes  No If yes, describe: \_\_\_\_\_

Does the player have medical issues?  Yes  No If yes, describe: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

## PARENT AND EMERGENCY CONTACT INFORMATION

Last Name of Parent or Guardian \_\_\_\_\_ First Name of Parent or Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Would you like to coach or assist a coach?  Yes  No Are you willing to volunteer in other ways?  Yes  No

## OTHER EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

## AGREEMENT TO ABIDE BY RULES AND RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, 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/or otherwise indemnify the MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on the 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.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIN USE ONLY** Amt. Paid: \_\_\_\_\_ Cash or Check #: \_\_\_\_\_ B/C? \_\_\_\_\_ Initials: \_\_\_\_\_ Age Group: \_\_\_\_\_