SOCCER CLUB OF GUILFORD
PREMIER TEAM REGISTRATION
P.O. BOX 21 GUILFORD, CONNECTICUT

United States
Youth Soccer Association
Youth Division of the United States Soccer Federation (USSF) Affiliated with the Federation Internatianale de Football Association (FIFA)

Last name	First name	MI

Street

Town	Zip Code	Telephone Number	Gender (M/F)	Birth: (mm/dd/yy)

School Name: _____ Grade:_____

Father's Name:_____ Bus.Phone:_____

Mother's Name:_____ Bus.Phone:_____

Email:_____ Cell Phone :_____

List any medical problem or prohibition player has: _____

Doctor to notify in emergency:_____ Telephone _____

Person to notify in emergency:_____ Telephone _____

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

Name _____
Parent/Legal Guardian (Please Print)

Signature**X**_____
Parent/Legal Guardian

PARENTAL SUPPORT

☐ BOARD MEMBER

☐ TEAM MANAGER

Name: _____

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MAKE CHECKS PAYABLE TO SOCCER CLUB OF GUILFORD

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CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

Signature**X**_____
Parent/Legal Guardian

OFFICIAL USE ONLY

FEE $ _____

CHECK # _____

NO CASH PLEASE

RECEIVED BY: _____

DATE: _____