CHARLTON YOUTH SOCCER

P.O. Box 1069
Charlton City, MA 01508

Registrar Use Only:
Division: _____
Travel Uniform: _____
Cash/Check#_____
Amount:_____
New Player? YES NO
Birth Cert. Chkd:_____

Registration Form

_____ _____
Player Last Name Player First Name

Travel Only–Uniform	New____	Replacement____	N/A____		
Shirt Size (Circle): YS	YM	YL	AS	AM	AL
Short Size (Circle): YS	YM	YL	AS	AM	AL

_____ _____
Date of Birth M/F

_____ _____
Mailing Address City, State and Zip

_____ _____
Home Phone Cell Phone

_____ _____
Parent/Guardian Parent/Guardian

_____ _____
Email Address Email Address

_____ _____
Doctor to notify in case of an emergency Phone #

_____ _____
Person to notify in case of emergency Phone #

_____
Medical Problems

Does this child play for a premier team? (circle) YES NO If yes, which club? _____

Are you interested in Coaching/Assisting? Please write name(s):_____

[ ] Check this box to give Charlton Youth Soccer permission to use photos of your child on the Charlton Youth Soccer website and Charlton Youth Soccer's Facebook page. Please note, their name will not be associated with the picture.

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 Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of Mass Youth Soccer, US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify Mass Youth Soccer, US Youth Soccer, its affiliate organization sans sponsors, their employees and associated personnel, including owners of 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 of 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**

Comments/Special Requests:_____
Charlton Youth Soccer cannot guarantee to meet requests, but will try to accommodate when we can.

Rev. 5/2013