



CHARLTON YOUTH SOCCER

P.O. Box 1069
Charlton City, MA 01508

Registration Form

Registrar Use Only:

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

[] Check here, if returning Player. * Must Complete for returning players. Also, update information that may have changed.
NEW PLAYERS, must complete all information.

* Player Last Name _____

* Player First Name _____

* Date of Birth _____

M/F

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		
Sock Size (Circle):	Youth Junior Adult		

Mailing Address

City, State and Zip

Home Phone

Cell Phone

Parent/Guardian

Parent/Guardian

* Email Address (Primary) _____

Email Address (Secondary)

Person to notify in case of an emergency

Phone #

Doctor 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. 5/2014