CHARLTON YOUTH SOCCER

P.O. BOX 1069
CHARLTON CITY, MA 01508

Registrar Use Only

Cash/Check #

Amount

REGISTRATION FORM

Parent/Guardian:_____

Parent/Guardian:_____

Home Phone:_____

Cell Phone #(s):_____

Address:_____

City:_____ Zip:_____

Email:_____

Email:_____

Physician:_____ Phone:_____

Player Last Name _____ **First Name** _____

Date of Birth:_____ **M/F**

Medical Problem(s):_____

Division

New Player: Y or N

Birth Certificate: Yes No N/A

Player Last Name _____ **First Name** _____

Date of Birth:_____ **M/F**

Medical Problem(s):_____

Division

New Player: Y or N

Birth Certificate: Yes No N/A

Player Last Name _____ **First Name** _____

Date of Birth:_____ **M/F**

Medical Problem(s):_____

Division

New Player: Y or N

Birth Certificate: Yes No N/A

Are you interested in Coaching/Assisting?
Division(s):_____

Comments/Special Requests:_____

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.

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.

Charlton Youth Soccer cannot guarantee to meet requests, but will try to accommodate when we can.

_____

Signature Date

Rev. 5/2016