MYSA/USYSA 2015 Spring Travel-Development Player Membership Form

Affiliated with the United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

SWANSEA-SOMERSET YOUTH SOCCER LEAGUE, INC. / P.O. BOX 144 / SOMERSET, MA 02726

Visit Our Website For League Info: www.ssysl.net **DATE: __ /__ /__**

PLAYER INFORMATION:

This form must be completed and turned into the Head Coach, along with the appropriate fee and Birth Certificate.

(Please Print & Only One Child per Form)

PLAYER'S NAME: _____ **M / F** **BIRTHDATE:** _____

STREET: _____ **TOWN:** _____ **ZIP:** _____

TEL#: _____ **E-mail:** _____

MEDICAL PROBLEMS: _____

Mom's Mobile: _____ **Dad's Mobile:** _____ **Player's Mobile:** _____

Mom's E-mail: _____ **Dad's E-mail:** _____ **Player's E-mail:** _____

In case of Emergency – Contact:_____ **Cell:**_____

FEE INFORMATION:

The cost is $40 per player.

- **This Fee includes 1 hour of team practice time each week at our Indoor Soccer Facility from December thru mid-March.**
- Please see the coach or the Rules of Play with regards to Developmental Players.
- There is no discount for multiple players participating in the Travel Division from the same family.
- **If the Somerset School Dept initiates a field usage fee in 2015, there may be an additional fee that all players will be required pay in order to participate in the Travel Program. By signing this form, you agree to pay this additional fee if it is implemented/requested.**

PLEASE PAY BY CHECK ONLY ! Payable to: Swansea-Somerset Youth Soccer League or SSYSL Check# _____

REQUIRED EQUIPMENT:

- Each player is responsible for purchasing their own spring uniform which includes shorts, shirts and socks.
- The uniform must be the official uniform of the SSYSL's Travel Division and no substitutions or variations is acceptable.
- Shin guards, sneakers, molded soccer or all-purpose shoes with small, rounded cleats.

NOT ALLOWED: steel cleats, baseball shoes, jewelry or **plastic** elbow/knee pads.

I, the Parent/Legal Guardian of the registrant, *a* minor, hereby:

1. agree that the registrant and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting he 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 the fields and facilities utilized for the programs, against any claim by, or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
2. give permission to SSYSL or any of it's affiliates to photograph myself, my children and other immediate family members and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, exhibition, commercial or editorial use. I understand that the term "photograph" as used herein encompasses both still photographs, audio recording and video footage. I hereby release SSYSL and any of it's associated, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Consent for Medical Treatment (Minor):

As *a **Parent or Legal Guardian*** of the above named player, if a parent or guardian isn't present and can't be reached, I hereby authorize my child to be treated by a certified emergency personnel (ie: EMT, First Responder, ER Physician). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Player's Physician Name:_____ **Phone:** _____

Address: _____ **City:**_____**Zip:**_____

Medical Diagnosis:_____

Medication:_____ Dosage:_____ Frequency: _____

Medical Diagnosis:_____

Medication:_____ Dosage:_____ Frequency: _____

Date of Last Tetanus Toxiod Booster: _____

Parent/Legal Gaurdian Signature:_____ **Print** _____ **Date:**_____

Address: _____ City :_____ Zip: _____

Home Phone: _____ Business Phone: _____ Mobile: _____