



MYSA/USYSA 2015 Spring Travel Team 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.ssyssl.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: _____

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

FEE INFORMATION:

The cost is \$110 per player if they played during SSYSL's Fall Season and \$125.00 if not.

- This Fee includes 1 hour of team practice time each week at our Indoor Soccer Facility from December thru mid-March.
- This fee does not include the Travel Uniform and this can be purchased directly from Soccer World in Seekonk.
- 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 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 the 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.
2. give permission to SSYSL or any of its 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 its 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 Toxoid Booster: _____

Parent/Legal Guardian Signature: _____ Print _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Mobile: _____