MYSA/USYSA 2019
Indoor Goalkeeper Training Registration Form

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

SWANSEA-SOMERSET YOUTH SOCCER LEAGUE, INC. / 832 LAFAYETTE ST. / SOMERSET, MA 02726

Visit Our Website For League Info: www.ssysl.net

DATE: __ /__ /__

PLAYER INFORMATION:

(Please Print & Only One Child per Form)

CHILD'S NAME: _____ M / F BIRTHDATE: _____

STREET: _____ TOWN: _____ ZIP: _____

TEL#: _____ E-mail: _____

MEDICAL PROBLEMS: _____

In case of Emergency – Contact:_____ Cell:_____

Program runs for 8wks/sessions on Sunday's from January thru mid-late March at our indoor facility located at our indoor facility in Fall River which is located at 88 Front St. Fall River, MA.

REGISTRATION INFO:

Please note that there are no additional charges. The cost listed below is the total cost for participating in this program.

Cost per Player: $80.00

Check# _____

PLEASE PAY BY CHECK !! payable to: **Swansea-Somerset Youth Soccer League OR SSYSL**

REQUIRED EQUIPMENT:

- **Shin guards with soccer socks cover them**
- **Soccer Ball**
- **Goalkeeper Gloves**
- **Sneaker or Indoor Soccer Sneaker (flats).**

NOT ALLOWED: jewelry or **plastic** elbow/knee pads.

COACHES

These sessions are open for SSYSL coaches to attend for FREE. All coaches are more than welcome to attend some or all of this training in order for you to learn directly from a professional coach. If you are a coach and would like to participate, please check below so that we will know approx how many are interested in participating.

COACH: _____ ASST. COACH: _____

I, the parent/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 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.

Print Name:_____ Signature: _____ Date_____

Please complete this form and mail it with the appropriate fee to the Address listed above.