MYSA/USYSA 2011-12
Winter Indoor Instructional Registration Form

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

SWANSEA-SOMERSET YOUTH SOCCER LEAGUE, INC. / 370 OLD COLONY AVE / SOMERSET, MA 02726

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

PLAYER INFORMATION: SSYSL has eight divisions from U-5 (4 years old by August 1st) to U-14 (still 13 as of August 1st).

(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 from December thru mid-March at our indoor facility located at: 88 Front St. Fall River, MA.

FEE INFORMATION:
One child: $60
Two children (same family): $100
Three or more children (same family): $120

Check# _____

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

Note: THERE WILL BE IS NO LEAGUE FUNDRAISER or any other additional FEES !!!!!

REQUIRED EQUIPMENT: **Shin guards, sneakers, molded soccer or all-purpose shoes with small, rounded cleats.**
NOT ALLOWED: steel cleats, baseball cleats, jewelry or **plastic** elbow/knee pads.

PARENT/VOLUNTEERS NEEDED - PLEASE GET INVOLVED!!!

The success of the league depends upon parent volunteers. Please check as many boxes of interest if you would like to assist the league. Every year we struggle to get Coaches to volunteer and your help would be much appreciated.

COACH: _____ ASST. COACH: _____ REFEREE: _____ BOARD MEMBER: _____

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_____

REGISTRATION CUTOFF is *JUNE 1st* and we will *"NOT"* BE TAKING ANY REGISTRATIONS AFTER THIS DATE.

Please mail your registrations in early and keep a copy of the check. If you register in person at one of our registration days, you will be given a receipt. Don't give the registration to anyone without getting a receipt. The check and/or receipt are your proof that you registered your child before the deadline.

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