West Boylston Youth Soccer
2014 Fall Season Registration Form

Last Name:_____ First Name:_____ MI:_____ M / F:_____

Address:_____ City:_____ State: _____ Zip:_____

Phone:_____ Age Group:_____ DOB:_____ Grade (fall): __

Returning travel players U10+, please fill in Uniform Number _____ or indicate if new uniform is needed ___ (see sizes below)

New players, please indicate whether birth certificate is attached __ or will follow by email or mail ___ (registration not complete until received)

Mother's Name _____ Father's Name_____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact (when parents can't be reached): Name: _____ Cell Phone: _____

Circle ALL areas of volunteer interest:

__ Board President	__Board Vice President	__Secretary	__Treasurer	__Registrar
__Coach	__Assistant Coach	__League Rep.	__Fields/Facilities	__Website
__In Town Coordinator	__Travel Teams Coordinator	__Uniforms	__Referees	__Equipment
__Special Events	__Fundraising	__Sponsorships		

Are you interested in sponsoring a team? __Yes __No

Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA/USSF/USYSA/WBYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WBYSA/MAYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the WBYSA/MAYS, its affiliated organizations and sponsors, their volunteers, employees and associated personnel, including the owners of 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.

Signature:_____

Consent For Medical Treatment (Minor)

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency 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 wellbeing of my dependent.

Signature:_____

We welcome your requests/comments/suggestions:

NO JEWELRY CAN BE WORN BY ANY PLAYER AT ANY TIME! THIS INCLUDES STUD EARINGS--SO PLAN EAR PIERCINGS ACCORDINGLY.

UNIFORM SIZE

Shirt

[ ] Youth S **[ ] Adult S**
[ ] Youth M **[ ] Adult M**
[ ] Youth L **[ ] Adult L**
[ ] Adult XL

Shorts (U10 and above)

[ ] Youth M **[ ] Adult S**
[ ] Youth L **[ ] Adult M**
[ ] Adult L
[ ] Adult XL

For Official Use Only: **CORI:**_____ **Initial:**_____

Check Number: _____

Early Reg. Fee: _____

Registration Fee: _____ (after May 31)

Uniform Fee: _____ (U10 and above)

Total Fee: _____

Registrar: WBYSA, P.O. Box 593, West Boylston, MA 01583 wbysa@westboylstonsports.com

www.westboylstonsports.com