

WORCESTER YOUTH SOCCER LEAGUE - REGISTRATION FORM FALL SEASON 2009

Please Print Legibly

Player Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ School Attending: _____

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

Phone: _____ E-mail Address: _____

Guardian 1: _____ Cell Phone: _____

Guardian 2: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

Age Divisions

Coed All Girls All Boys

Under 6 born 8/1/03-7/31/05			
Under 8 born 8/1/01-7/31/03			
Under 10 born 8/1/99-7/31/01			
Under 12 born 8/1/97-7/31/99			
Under 14 born 8/1/95-7/31/97			
Under 16 born 8/1/93-7/31/95			
Under 18 born 8/1/91-7/31/93			

Please indicate any special requests. These will be filled to the best of the league's ability:

Do you also play for a premier team? (circle) YES NO If yes, which club? _____

Consent to Play, Medical Release, Code of Conduct, Player Placement and Refund Policies

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Worcester Youth Soccer League (WYSL), Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of WYSL, Mass Youth Soccer, US Youth Soccer accepting the registrant for the soccer programs and activities (the program), I assume all risks and hazards and I hereby release, discharge and otherwise indemnify the WYSL, Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized by the program, against any claim by or on the behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same which transportation I hereby authorize. As parent or legal guardian of the above named player, I hereby give my consent for emergency medical 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 well being of my dependent.

I, as parent/guardian, also attest that I have read the "WYSL Parent/Guardian Code of Conduct", "Player Placement Policy", and "Refund Policy" and agree to adhere and abide by the policies contained therein.

Full refunds will be granted to players who submit a written request to the registrar by August 1, 2009.

Sign Here _____

Worcester Youth Soccer is an all volunteer organization serving the children of the city.
Please indicate if you would be willing to help as a: (circle all that apply)

Coach
 Assistant Coach
 Age Coordinator
 Board Member
 In some other capacity

Submit this completed Registration Form, a copy of the player's birth certificate (new players only), and payment to:

Worcester Youth Soccer League
PO Box 60536
Worcester, MA 01606

Website: www.wysl.org

LEAGUE USE ONLY – Do not write below this line

Amount Paid _____ Cash Check MO Receipt Number _____ SportsPilot ID _____
 Players from the same household 1 2 3 4 Birth Certificate: On File Will Mail Attached