

# WORCESTER YOUTH SOCCER LEAGUE - REGISTRATION FORM SPRING SEASON - 2012

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL Addresses: \_\_\_\_\_

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 8/1/05-7/31/07	<input type="checkbox"/>		
Under 8 born 8/1/03-7/31/05	<input type="checkbox"/>		
Under 10 born 8/1/01-7/31/03		<input type="checkbox"/>	<input type="checkbox"/>
Under 12 born 8/1/99-7/31/01		<input type="checkbox"/>	<input type="checkbox"/>
Under 14 born 8/1/97-7/31/99		<input type="checkbox"/>	<input type="checkbox"/>
Under 16 born 8/1/95-7/31/97		<input type="checkbox"/>	<input type="checkbox"/>
Under 18 born 8/1/93-7/31/95		<input type="checkbox"/>	<input type="checkbox"/>

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? \_\_\_\_\_

**Travel players only - Uniform Size**

**Jersey    YM    YL    S    M    L    XL**

**COST (SAME household): 1 - \$75 : 2 - \$130 : 3 - \$180 : 4 - \$225 : 5 - \$260**

**Shorts    YM    YL    S    M    L    XL**

**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.**

REFUNDS - Full refunds will be granted to players who submit a written request to the registrar by February 1st, 2011. Any MEDICAL-RELATED withdrawals through the FIRST WEEK OF PLAY will be refunded MINUS \$15 Administrative Cost and MUST also have Doctors Note.

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    (Field Prep, Fundraising, Special Event, etc)**

ADDRESS: **Worcester Youth Soccer League (WYSL) – PO Box 20763 – Worcester MA 01602**

LEAGUE USE ONLY – Do not write below this line

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