

WORCESTER YOUTH SOCCER LEAGUE - REGISTRATION FORM SPRING SEASON - 2014

Player Last Name: _____ First Name: _____ MI _____

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

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

Phone: _____ E-MAIL Addresses: _____

Guardian 1: _____ Date of Birth (dd/mm/yyyy) _____ Cell Phone: _____

Guardian 2: _____ Date of Birth (dd/mm/yyyy) _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

Age Divisions Coed All Girls All Boys

Under 6 born 8/1/07-7/31/09	<input type="checkbox"/>		
Under 8 born 8/1/05-7/31/07	<input type="checkbox"/>		
Under 10 born 8/1/03-7/31/05		<input type="checkbox"/>	<input type="checkbox"/>
Under 12 born 8/1/01-7/31/03		<input type="checkbox"/>	<input type="checkbox"/>
Under 14 born 8/1/99-7/31/01		<input type="checkbox"/>	<input type="checkbox"/>
Under 16 born 8/1/97-7/31/99		<input type="checkbox"/>	<input type="checkbox"/>
Under 18 born 8/1/95-7/31/97		<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any special requests. These will be filled to the best of the league's ability. Special requests will not be considered for late registrants.

Do you also play for a premier team? (circle) YES NO

REQUIRED-Travel players only-Pick a Uniform Size

If yes, which club? _____

Jersey YS YM YL AS AM AL AXL

COST Recreation: \$90, Travel \$120 (\$110 if keeping Fall uniform)

Shorts YS YM YL AS AM AL AXL

Discounts: 2nd sibling (\$20), 3rd sibling (\$25), 4th sibling (\$35)

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 **March 1, 2014**. 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.
If you would be willing to help as a Coach, Assistant Coach, Age Coordinator, Board Member or Volunteer,
 please email: admin@wysl.org or leave a message at (508) 475-5155.

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 Transaction ID _____
 Players from the same household 1 2 3 4 Birth Certificate: On File Will Mail Attached