

HUTCHINSON COUNTY YOUTH SOCCER

Registration Form

Last Name _____ First Name _____ Middle _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip Code _____ Player's Phone _____ Birth Date _____

Male _____ Female _____ Number of years Played _____ E-mail address _____

Father's Name _____ Employer _____ Ph. No. _____

Mother's Name _____ Employer _____ Ph. No. _____

List any medical problem or prohibition the player has _____

Doctor to notify in emergency _____ Ph. No. _____

Shirt Size **Youth** M (10-12) L (14-16) / **Adult** S M L (*HCYSA is not responsible for wrong sizes*)

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for it's soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, it's affiliated organization and sponsor, their 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 game, which transportation I hereby authorize.

Name _____
 Parent or Legal Guardian (*Please Print*)

Signature _____ Date _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- _____ Coach Shirt Size _____
- _____ Asst. Coach
- _____ Concession
- _____ Field Maintenance
- _____ Board Member

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of medicine or a Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature _____
 Parent or Guardian

OFFICE USE

Birth Date Verified _____

Player Fee \$ _____

Cash _____ Check No. _____

Rec'd By _____

Date _____

Note: Teams can be formed only if a coach can be found for the team. Please check in the parental support box Coach or Asst. Coach. Do it for the kids!