

SYA Soccer Registration

Spring 2010

New ____ Returning _____ Team _____ Amount Paid _____ Cash or check number _____ Shirt Deposit Check Number and Name _____

Player's Name _____ Sex: Male ____ Female ____
Date of birth: _____ Shirt size: _____ (Youth small to Adult XL)
Parent/Guardian name: _____
Local home number _____ Cell _____
Email address: _____
Address _____ City _____ Zip _____

In case of injury or emergency do we have your permission to take your child, at our discretion, to a doctor or hospital? Yes or No

If NO a parent/guardian must be present at all related (including practices) for the child to be able to participate.

Name of Medical/Hospitalization Insurance Co. _____

Group Numbers _____

All players registered in the program are expected to participate in the fundraising efforts to offset operating costs. When registering your child you automatically become a member of the association. All members are obligated to fulfill a minimum of 6 hours of volunteer service to the program.

.....
I, the parent/guardian of the registrant(s) agree that I and the registrant will abide by the rules of the SYA its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer. I hereby release, discharge and/or otherwise indemnify the SYA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used, against any claim by or on behalf of the registrant(s) as a result of participation in the program .

I have read the above and agree to all terms and conditions. Please sign below.

Signature of parent/guardian of player: _____

If you have any questions, Please contact Lou Kucsan at 610-317-9740 or Email at lek2557@rcn.com.