NB YOUTH SOCCER REGISTRATION FORM

AGE GROUP:
_____

PLAYER INFORMATION: ☐ Male ☐ Female   **Date of Birth** _____/_____/_____

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

HOME PHONE _____ SCHOOL_____ GRADE _____

SEASONS PLAYED _____ PREVIOUS SEASON PLAYED (circle one): Fall / Spring   YEAR:_____

*** Requesting specific coach or player _____

*We will try to accommodate all requests however there are **NO** guarantees.*

PARENTS/GUARDIAN INFORMATION:

FATHER/GUARDIAN NAME: _____
CONTACT PHONE _____EMAIL _____

MOTHER/GUARDIAN NAME:_____
CONTACT PHONE_____ EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____
LIST ANY MEDICAL PROBLEMS OR ALLERGIES _____
_____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, 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 same, which transportation I hereby authorize.

Parent/Legal Guardian Legal Name [_____]

Your initials are your signature that you understand and agree to these terms. [_____] Date [_____]

PARENTAL SUPPORT

Note to Parents: NBYSA is a VOLUNTEER association. Registering your child indicates your acceptance of the responsibility to coach, work concessions, help with fund-raising, or field preparation. These jobs are coordinated by the team parent and/or coach. We ask for active participation of all parents in our program.

Please check all area(s) in which you would be willing to help.

☐ Coach   ☐ Asst. Coach   ☐ Team Manager

☐ Team Parent   ☐ Fund Raising   ☐ Concessions

☐ Donor   ☐ Field Preparation ☐ Other _____

OFFICIAL USE ONLY: Affinity

Date _____ Initials _____

Notes:_____
_____
_____

OFFICIAL USE ONLY:

DATE _____

RECEIVED BY: _____

PLAYER FEE: $_____
DONATION: $_____
TOTAL: $_____

Birth Certificate Verified   Yes/No
Cash / Credit Card / Check / Money Order

Check/MO # _____   Receipt # _____