



RECREATIONAL DIVISION REGISTRATION FORM

Player First Name: _____ Player Last Name _____ M/F: _____

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

Player DOB: _____ Home Phone: _____

Returning SYSA Player Player's Current SYSA team and division: _____

New SYSA Player Photocopy of player's birth certificate attached? (new players only!!)

Parent/Guardian First Name: _____ Last Name _____

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

Home Phone: _____ Cell Phone: _____ *Email: _____

Parent/Guardian First Name: _____ Last Name _____

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

Home Phone: _____ Cell Phone: _____ *Email: _____

Person to notify in an emergency? _____ Phone: _____

Doctor to notify in an emergency? _____ Phone: _____

Known Medical Conditons: (enter NONE if none) _____

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

As a parent or legal guardian of the above named registrant, I hereby give my consent for emergency medial 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 the life, limb, or well being of my dependent.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parental Support to SYSA: PLEASE HELP US CONTINUE TO MAKE SYSA A SUCCESS.... PLEASE VOLUNTEER!!!!

Coach Asst Coach Division Coordinator Board Member Fundraising Team Manager Other _____

OFFICIAL LEAGUE USE:

Registration Fee: _____ Cash Check No. _____ Credit Card Other: _____