



# Marlboro Youth Soccer – Player Registration

<http://www.MarlboroYouthSoccer.org>

Soccer Hotline 508-460-6800

Affiliated with Mass Youth Soccer Association (MYSA), United States Soccer Federation (USSF), Federation Internationale de Football Association (FIFA)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: **Marlboro** State: **MA** Zip: **01752**  
 Phone: \_\_\_\_\_ Email for Soccer Info: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_ (M/F)

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_  
 Emergency Contact (other than parents): \_\_\_\_\_  
 Doctor Name & Phone: \_\_\_\_\_

Check here if you DO NOT want your name or email used on a database for commercial mailings <input type="checkbox"/>  Birth Certificate on file with Marlboro Youth Soccer <input type="checkbox"/> <b>New player – Please enclose a copy of birth certificate</b>	<b>Interested in Volunteering?</b> [Mom] [Dad] Coach <input type="checkbox"/> <input type="checkbox"/> Asst Coach <input type="checkbox"/> <input type="checkbox"/> Team Manager <input type="checkbox"/> <input type="checkbox"/> Concession Stand <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>
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<p>I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USTSA 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 the 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. This acknowledgement is a continuing acknowledgement for each season the registrant is affiliated with the Programs.</p> <p>Signature: _____          Name: _____ Date: _____</p>	<p style="text-align: center;"><b>Consent for Medical Treatment</b></p> <p>As parent or legal guardian of the subject registrant / player, I hereby give my continuing 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.</p> <p>Signature: _____          Name: _____          Date: _____</p>
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**Send completed registration form, check and copy of birth certificate to:**  
 (Registration Fee Schedule is on our web site at [www.MarlboroYouthSoccer.Org](http://www.MarlboroYouthSoccer.Org))

**Marlboro Youth Soccer**  
**Post Office Box 504**  
**Marlboro, MA 01752**

For League Use Only:

Season	Team	Coach		Season	Team	Coach