

WEST YORK SOCCER CLUB (WYSC)

Fall/Spring General Registration Form

PLAYER'S NAME: Last: _____ First: _____ MI: _____

Address: _____ City/State: _____ Zip: _____

Family email address: _____

Father's phone(s): _____ Mother's phone(s): _____

Birth Date (mo/day/yr): _____

Consent for Medical Treatment of Minor, Rule Agreement, and Release Statement

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical treatment in the event of an accident, injury, or sickness. I also hereby assume the responsibility for payment of such treatment.

I, the parent or legal guardian of the above named player, agree that I and the registrant will abide by the rules of the West York Soccer Club (WYSC) and the Eastern Pennsylvania Youth Soccer Association (EPYSA).

Recognizing the possibility of physical injury associated with soccer and in consideration for the WYSC and EPYSA accepting the registrant for their soccer programs and activities (the programs), I hereby release, discharge, and/or otherwise indemnify WYSC, EPYSA, their affiliated organizations, associated personnel, sponsors and their employees, and the owners of the fields and facilities used for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Name (SIGNATURE): _____ Date: _____

Medical Insurance Company: _____ Policy #: _____

Physician to notify in case of emergency: _____ Phone: _____

In Case Parent or Guardian cannot be Reached in an Emergency, Please Contact:

Name: _____ Relationship: _____ Phone: _____

Known medical problems or allergies: _____

Interested in Coaching??? Head Coach _____ Assistant Coach _____
Interested in helping out West York Soccer Club??? Fundraising _____ Concessions _____

WYSC is affiliated with York USA (YUSA) and Eastern PA Youth Soccer Assoc. (EPYSA) the United States Soccer Federation (USSF)