# Rehoboth Youth Soccer Club
## Membership Form
*Affiliated with MYSA and USYSA*

RYSC, P.O. Box 463, Rehoboth, MA 02769

For Soccer year starting August 1, 2015

## 1 PLAYER INFORMATION                                    Date Received:_____

| | | | | |
|---|---|---|---|---|
| Last Name | First Name | MI | M/F | Home Phone |

| | | | | |
|---|---|---|---|---|
| Mailing Address | Town | St | Zip | Birthday (mm/dd/yy) |

*(if Rehoboth, can leave these blank)*

2012-13 School Grade                                        Medical Problems?

## 2 PARENT/GUARDIAN INFORMATION

**FATHER:**

Father's Name                                               Other Phone

**MOTHER:**

**Please check if father is willing to be:**   **Coach** ☐   **Asst. Coach:** ☐   **Referee** ☐   **Other Volunteer** ☐

Mother's Name                                               Other Phone

**Please check if mother is willing to be:**   **Coach** ☐   **Asst. Coach:** ☐   **Referee** ☐   **Other Volunteer** ☐

Family Email Address

## 3 RYSC INFORMATION

Special Issues?

Uniforms:   Jersey & Socks ($ 30.00)  separate from registration fees   Size: ☐   Youth: YS, YM, YL  Adult: AS, AM, AL, AX   (Black shorts to be provided by player, Uniforms not needed for Under-6 ages)

Paid with registration: _____   Cash: ☐ or Check #: _____

*Early Bird Registration Fee:*  $70 per player; maximum of $140 per family. (New residents and Under-6 always pay Early Bird rate).

**Registration Fee after July 15, 2015:**  $85 per player; maximum of $170 per family. Please make checks payable to "RYSC".

## 4 Parent or Guardian CONSENT FOR MEDICAL TREATMENT OF MINOR and RELEASE

As parent or legal guardian of the above-named player, a minor, I hereby give my 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.

I further agree that I and the player will abide by the rules of the MYSA, the USYSA, and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and USYSA accepting the player for their soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify MYSA and USYSA, their 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 player as a result of the player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I CERTIFY THAT THE ABOVE STATED BIRTHDAY OF THE PLAYER IS CORRECT, and agree to provide a birth certificate or other proof if so requested.

Parent/Guardian Name (Printed)            Parent/Guardian Signature            Date

Person to Notify in Emergency?

"Father" or "Mother" or Full Name & Phone Number of other party

Doctor to Call in Emergency?

Full Name & Phone Number