



MYSA/USYSA

Hubbardston Youth Soccer Association  
Membership Form

Affiliated with United States Soccer Federation (USSF) and Federation  
Internationale de Football Association (FIFA)

Last		First		Playing for the first time Y/N
Mailing Address		M/F	Grade entering in Sept.2007	
City		State	Zip Code	
Phone #		E-mail Address		
Father's Name		Mother's Name		
Medical Problems		Tee Shirt Size S M L XL AS AM AL		Date of Birth
Person to notify in an emergency		Phone #		
Doctor to notify in an emergency		Phone #		
Abide by Rules and Release		Consent for Medical Treatment (Minor)		
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSA/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.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>		<p>As Parent or Legal Guardian of the above named player, 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.</p> <p>Signature: _____</p> <p>Date: _____</p> <hr/> <p>Amount Paid: _____</p> <p>Check #: _____</p> <p>Cash: _____</p>		