

# Bridgewater Youth Soccer Registration

## Spring Travel 2010

Date: \_\_\_\_\_

### Player Information

First Name:	MI:	Last Name:
Address:	Age:	Date of Birth:
Town:	ZIP:	Male or Female:
Medical Condition:		Medications:
Doctor:		Doctor Telephone #:

### Parent or Legal Guardian Information

Parent #1 - First Name:	DOB:	Last Name:
Parent #2 - First Name:	DOB:	Last Name:
Home Telephone:		Parent Email:
Work Telephone:		Secondary Email:
Cell Telephone:		
Emergency Contact:		Emergency Contact Telephone:

### Bridgewater Youth Soccer Travel Uniform Purchase

No thanks, I have my Travel Jersey from last year \_\_\_\_\_

**Jersey Size Male:** YM: \_\_\_\_\_ YL: \_\_\_\_\_ AS: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_

**Jersey Size Female:** WYM: \_\_\_\_\_ WYL: \_\_\_\_\_ WS: \_\_\_\_\_ WM: \_\_\_\_\_ WL: \_\_\_\_\_ WXL: \_\_\_\_\_

No thanks, I have my Travel Shorts from last year \_\_\_\_\_

**Shorts Size Male:** YM: \_\_\_\_\_ YL: \_\_\_\_\_ AS: \_\_\_\_\_ AM: \_\_\_\_\_ AL: \_\_\_\_\_ AXL: \_\_\_\_\_

**Short Size Female:** WYM: \_\_\_\_\_ WYL: \_\_\_\_\_ WS: \_\_\_\_\_ WM: \_\_\_\_\_ WL: \_\_\_\_\_ WXL: \_\_\_\_\_

No thanks, I have my Travel Socks from last year \_\_\_\_\_

**Travel Socks:** XSmall: \_\_\_\_\_ Youth: \_\_\_\_\_ Adult: \_\_\_\_\_ How many pairs: \_\_\_\_\_

**Travel Jersey Number** – My Jersey Number from last year was \_\_\_\_\_

I would like to request #: \_\_\_\_\_

(Jersey numbers from 00 – 99 may be requested. Your travel age will determine what number you may request.)

**There is no guarantee that you will receive the number requested.**

**Request an EVEN number if born between**

8/1/02 to 7/31/03 (U7)  
 8/1/00 to 7/31/01 (U9)  
 8/1/98 to 7/31/99 (U11)  
 8/1/96 to 7/31/97 (U13)  
 8/1/94 to 7/31/95 (U15)  
 8/1/92 to 7/31/93 (U17)  
 8/1/90 to 7/31/91 (U19)

**Request an ODD number if born between**

8/1/01 to 7/31/02 (U8)  
 8/1/99 to 7/31/00 (U10)  
 8/1/97 to 7/31/98 (U12)  
 8/1/95 to 7/31/96 (U14)  
 8/1/93 to 7/31/94 (U16)  
 8/1/91 to 7/31/92 (U18)

### Fees

Registration Fee: \$80.00	<b>\$80.00</b>
Jersey Price: \$30.00	\$ _____
Shorts Price: \$25.00	\$ _____
Socks Price: \$5.00 per pair	\$ _____
<b>Grand Total</b>	<b>\$ _____</b>

Cash Paid \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Check Total: \_\_\_\_\_

I play or plan to play on a CLUB (MAPLE, MASC, SuperY, MPS.) or State Soccer Team. Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Name of Club or State Team: \_\_\_\_\_ Div: \_\_\_\_\_ Coach: \_\_\_\_\_

I, the parent or legal guardian of the registrant, gives my approval to his/her participation in any and all youth soccer activities. I assume all risks and hazards incidental to such participation, including transportation to and from activities; and hereby waive, absolve, indemnify, and agree to hold harmless the Bridgewater Youth Soccer Association, Inc, the Commonwealth of Massachusetts-Department of Corrections, the organizers, sponsor, coaches, participants and persons transporting my child to and/or from activities, for any claim arising out of any injury to my child whether the result of negligence or for any other cause. I will furnish a certified birth certificate of the above candidate to league officials for children participating in BYSA for the first time.

Furthermore; I, the parent or legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personal, 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 hereby authorize.

Furthermore, 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 dependant.

**Signature of Parent/Legal Guardian (or player if 18 or older):** \_\_\_\_\_