



# BRIDGEWATER YOUTH SOCCER ASSOCIATION, INC

## Registration Form

Check one of the Following

Year 20\_\_\_\_

Spring Instructional \_\_\_\_ Summer Program \_\_\_\_ Fall League \_\_\_\_ Fall COED \_\_\_\_

TOPS Spring \_\_\_\_ TOPS Fall \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Town \_\_\_\_ Bridgewater \_\_\_\_\_ State \_\_\_\_ MA \_\_\_\_\_ Zip \_\_\_\_ 02324 \_\_\_\_\_ Home Telephone # ( ) \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Person to Notify in Emergency \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Doctor to Notify in Emergency \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**Dear Parent – BYSA is an all volunteer organization, we would like to ask for your assistance in any of the following areas:**

**Coach \_\_\_\_\_ Fund Raising \_\_\_\_\_ Concession Stand \_\_\_\_\_ Field Maintenance \_\_\_\_\_**

Name of Volunteer/s \_\_\_\_\_

I, the parent or legal guardian of the above named child, give 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.

Further, I 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.

Also, 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.

I will furnish a certified birth certificate of the above candidate to league officials for children participating in BYSA for the first time.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_