

WORCESTER YOUTH SOCCER LEAGUE - REGISTRATION FORM SPRING SEASON - 2016

Player Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ School Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-MAIL Addresses: _____

I am registering a player for: TOPS _____ Recreation _____ Travel _____

Guardian: _____ Date of Birth (dd/mm/yyyy) _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

Date of Birth	Co-ed	All Girls	All Boys
U6 8/1/2009-7/31/2011			
U8 8/1/2007-7/31/2009			
U10 8/1/2005-7/31/2007			
U12 8/1/2003-7/31/2005			
U14 8/1/2001-7/31/2003			
U16 8/1/1999-7/31/2001			
U18 8/1/1997-7/31/1999			
U19 8/1/1996-7/31/1997			

Please indicate any special requests. These will be filled to the best of the league's ability. Special requests will not be considered for late registrants.

Do you also play for a premier team? (circle) YES NO

REQUIRED- Travel players only-Pick a Uniform Size

If yes, which club? _____

Jersey YM YL YXL S M L XL

COST – Recreation(U6,U8,U10): \$90 Travel(U10+above): \$120
Discounts: 2nd sibling (\$20), 3rd sibling (\$25), 4th sibling (\$35)

Shorts YM YL YXL S M L XL

Consent to Play, Medical Release, Code of Conduct, Player Placement and Refund Policies

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Worcester Youth Soccer League (WYSL), Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of WYSL, Mass Youth Soccer, US Youth Soccer accepting the registrant for the soccer programs and activities (the program), I assume all risks and hazards and I hereby release, discharge and otherwise indemnify the WYSL, Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized by the program, against any claim by or on the behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same which transportation I hereby authorize. 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. I, as parent/guardian, also attest that I have read the "WYSL Parent/Guardian Code of Conduct", "Player Placement Policy", and "Refund Policy" and agree to adhere and abide by the policies contained therein.

REFUNDS - Full refunds will be granted to players who submit a written request to the registrar by **March 15, 2015**. Any MEDICAL-RELATED withdrawals through the FIRST WEEK OF PLAY will be refunded MINUS \$25 Administrative Cost and MUST also have Doctors Note.

Sign Here _____

Worcester Youth Soccer is an all volunteer organization serving the children of the city.
If you would be willing to help as a Coach, Assistant Coach, Age Coordinator, Board Member or Volunteer,
please email: admin@wysl.org.

ADDRESS: Worcester Youth Soccer League (WYSL) – PO Box 20763 – Worcester MA 01602

-----LEAGUE USE ONLY – Do not write below this line -----

Amount Paid _____ Cash Check MO Receipt Number _____ SportsPilot Transaction ID _____
Players from the same household 1 2 3 4 Birth Certificate: On File Will Mail Attached