



MASS Youth / US Youth Soccer

Membership form



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

Make Checks Payable to:

Sharon Soccer Association

Mail To: P.O. Box 393 Sharon, MA 02067

Player's Last Name

Player's First Name

Mailing Address

____ / ____ / ____
M/F Date of Birth

FALL Grade

City

State Zip

Home Phone #

Parent Names

Phone # (Work/Cell)

Phone # (Work/Cell)

Email Address (PLEASE PRINT LEGIBLY)

Returning Player

New Player

Medical Problems

Person to notify in an emergency?

Phone #

Doctor to notify in an emergency?

Phone #

Abide by Rules and Release

Consent for Medical Treatment (Minor)

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.

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.

Name: _____ Date: _____

Name: _____

Signature: _____

Signature: _____

Date: _____