

MYSA/USYSA

Membership form

CHECK # _____

AMOUNT \$ _____

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

Sharon Soccer Association

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_____
Phone #_____
Parent Name_____
Parent Name Returning Player New Player_____
Email Address (Important)_____
Medical Problems_____
Person to notify in an emergency?_____
Phone #_____
Doctor to notify in an emergency?_____
Phone #

Abide by Rules and Release

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.

Name: _____ Date: _____

Signature: _____

Consent for Medical Treatment (Minor)

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: _____

Signature: _____

Date: _____