



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 _____