

**WEYMOUTH SOCCER CLUB
REGISTRATION FORM
PLEASE COMPLETE ALL SECTIONS OF THE FORM**

1. **Organization Name:** Weymouth Soccer Club
2. **Last Name:** _____ **First Name:** _____ **MI** **M/F**
Address: _____
City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Age Group:** _____ **D.O.B.** _____
(see back of form)

Email Address: _____
Father's Name: _____ **Mother's Name:** _____
Business Phone: _____ **Business Phone:** _____

Medical Problems:

Person to Notify in Emergency: _____ **Phone No:** _____
Doctor to Notify in Emergency: _____ **Phone No:** _____

3. I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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 programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____ **Signature:** _____

4. Consent for Medical Treatment (Minor)

As a 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 under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature _____

If different than above, please provide:

Address _____
City _____ State _____ Zip Code _____
Home Phone # _____
Business Phone # _____

Check here if you **do not** want your name to be used on a database for commercial mailings. _____

Check here if you are a new member of the Weymouth Soccer Club _____

ARE YOU PLAYING IN A FALL SOCCER PROGRAM? YOUTH ___ **GIRLS** ___ **OTHER** ___
TEAM SPONSOR _____ **COLOR** _____ **NUMBER** _____

Completed forms may be mailed up to one week prior to the tryout dates to:

**Weymouth Soccer Club
P.O. Box 517
Weymouth, MA 02190**

