



Middleboro Youth Soccer Association

Mass Youth/US Youth Soccer

MEMBERSHIP FORM



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

Player's First Name: _____ Player's Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Gender: Male Female Date of Birth: _____ Home Phone: _____

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Relationship: _____ Date of Birth: _____	Relationship: _____ Date of Birth: _____
Cell: _____	Cell: _____
Email #1: _____	Email #1: _____
Email #2: _____	Email #2: _____

Check here if you want to receive announcements, schedule changes & other important information via email from MYSA:

Check here if you do NOT want to receive commercial mailings from Mass Youth/US Youth Soccer:

List any medical problems: _____

Person to notify in case of Emergency? _____ Phone # _____

Doctor to notify in case of Emergency? _____ Phone # _____

Abide by Rules and Release	Consent for Medical Treatment
<p>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.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>	<p>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.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

VOLUNTEER ENROLLMENT – 1 to 2 hours per season

<p>Volunteering can be a fun and rewarding experience for parents & children. MYSA is run exclusively by parent volunteers. We are now offering a volunteer discount on the registration fee. Please check one or more boxes below indicating which areas you would be able to assist in.</p> <p><input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Snack Shack</p> <p><input type="checkbox"/> Lining the fields <input type="checkbox"/> Parking Lot Attendant (Purchase St.)</p> <p><input type="checkbox"/> Clean-Up Crew <input type="checkbox"/> Tradesperson (electrician/plumber, etc)</p>	<p>Name: _____</p> <p>Phone # _____</p> <p>REGISTRATION FEE:</p> <p><input type="checkbox"/> Standard Rate \$110.00</p>
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Registration Fee Paid: _____ Cash Check # _____ MYSA Signature: _____