



# Medway Youth Soccer Association, Inc.

## MYSA / USYSA Membership Form

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

### Medway Youth Soccer Association, Inc.

Organization Name

Player's Last Name, First Name

Mailing Address

M / F

 /  / 

Date of Birth

City

 ( ) - 

Phone Number

State

Zip Code

E-Mail Address

Father's Name

Mother's Name

Medical Problems or Physical Limitations

Person to notify in an emergency?

 ( ) - 

Phone Number

Doctor to notify in an emergency?

 ( ) - 

Phone Number

### 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Medway Youth Soccer

Complete form and mail with check to:

Medway Youth Soccer Assn., P.O. Box 11, Medway, MA 02053