



Barnstable Youth Soccer Association

Fall 2007 Travel Registration U09 – U14

Last name: _____ First Name: _____ MI: _____ Sex: M F

Address: _____ Village: _____ State: MA Zip: _____

Phone: _____ Date of Birth: _____ Grade: _____

Email (home) _____ Email(work) _____

Mothers name: _____ Fathers name: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Medical Problems: _____

Person to notify in Emergency: _____ Phone: _____

Doctor: _____ Phone: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in activities, I hereby release, discharge, and/or otherwise indemnify the MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including BYSA and the owners of the fields, 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.

Name: _____

Signature: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the 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: _____

Check here if you can help with any of the following: Board of Directors Sponsorship
 Field set up Harvest Cup

Name of Volunteer _____ Email Address _____ Phone _____

Fees : Fall Travel \$90. (Includes Harvest Cup) **If a uniform is needed, there will be an additional fee.**
Make Checks Payable to B.Y.S.A

Mail the application to; *Barnstable Youth Soccer Registrar, 1684 Falmouth Rd. PMB161, Centerville MA02632*