

# GROTON 2010 HIGH SCHOOL SOCCER REGISTRATION

(one player per form, please)

**Fee: \$100.00 per player**

(CIRCLE) Grade: 7 8 9 10 11 12

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Sex: M F School \_\_\_\_\_

Current Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Player Cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mom's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address(s) \_\_\_\_\_

Note: Season information & updates will come in the form of emails & txt messages

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Volunteers are needed to keep the Groton High School Program running. Please check where you can help:

\_\_\_\_\_ Fundraising \_\_\_\_\_ Concessions \_\_\_\_\_ Fieldwork \_\_\_\_\_ Team Manager \_\_\_\_\_ Publicity

\_\_\_\_\_ HS Committee Member \_\_\_\_\_ Other \_\_\_\_\_ (specify)

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Signature required before child can play. Please read the following and sign below.

### **Consent for Medical Treatment of a Minor**

As the Parent/Legal Guardian of the above named minor child, 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 necessary to preserve life, limb or the well-being of my dependent.

### **Agreement to Abide and Hold Harmless**

As the parent/guardian of the registrant, a minor, I 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 for the Programs, against any claim on behalf of the registration 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.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

For office use only

\$ Paid \_\_\_\_\_ Check # \_\_\_\_\_ Received By \_\_\_\_\_ Date Received \_\_\_\_\_