

Scituate Soccer Club

An affiliate of the Massachusetts Youth Soccer Association (Mass Youth Soccer)
www.ScituateSoccer.com

Spring 2010 Registration Form

Spring play is a U8 through U19 program. The U8 and U10 teams play in Scituate on Saturdays beginning in April. Learning the game of soccer and having fun are emphasized. The U12 through U19 travel program competes in the Coastal Youth Soccer League.

Email:
Address:
Phone:
Parent(s)/Guardian(s):
Parent/Guardian Phone:
Emergency Contact (if not parent):
Emergency Contact Phone:
Physician:
Physician Phone:

Program	Player birth date between:
U8 In-Town	8/1/2001 and 9/1/2003
U10 In-Town	8/1/1999 and 7/31/2001
U12 Travel	8/1/1997 and 7/31/1999
U14 Travel	8/1/1995 and 7/31/1997
U16 Travel	8/1/1993 and 7/31/1995
U18/19 Travel	8/1/1990 and 7/31/1993

2010 Fees

Program	Registration	After November 30	After February 2010
In-Town	\$95.00	\$95.00	\$130.00
Travel	\$95.00	\$130.00	\$130.00

Player Name	Date of Birth	School	Grade	Medical Concerns	Sibling Discount	Fee minus discount
1.					\$0	
2.					\$15	
3.					\$30	
4.					\$95*	
5.					\$95*	
					Total: \$	

* Sibling discounts for the 4th and 5th kid may not exceed the current fee up to \$95. In other words, if you wait until the \$130 fee, you're going to pay a \$35 late charge.

Mail check and registration form to Chris Park, Registrar Scituate Soccer Club, 122 Stockbridge Road, Scituate MA 02066

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Volunteer? Coach Asst Coach Team Parent Field Help
(please circle)

Please make check out to **Scituate Soccer Club**

Refunds are handled case by case. Mass Youth, Processing, and Late Fees will be deducted prior to issuing any refund.

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 Mass Youth Soccer, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the Mass Youth Soccer/USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the Mass Youth Soccer/USYSA, its affiliated organization and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on 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

As parent/guardian of the above named registrant, 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:** _____

If you would like to follow the progress of teams across the league, league information is posted at [http://http://www.cysl.pembrokesoccer.org/](http://www.cysl.pembrokesoccer.org/)

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