



FALL RIVER YOUTH SOCCER ASSOCIATION

DATE: _____

Fall Recreational 2012 Registration Form

Single Child: \$55.00 Two Children: \$95.00 Three or more Children: \$120.00 *Discount applies to immediate family only

Late Fee of \$10 for any family registered after June 1, 2012

PLAYER INFORMATION			
First Name:	Last:	Age:	Birth Date: / /
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address:	City:	State:	ZIP Code:
Parent/Guardian's Name(s):	Email Address:	Do you regularly use your email address? <input type="checkbox"/> Y <input type="checkbox"/> N	
Primary Contact Phone Number: ()	Secondary Contact Phone Number: ()		
Medical Issues and Treatment:			
Physician Name:			
Phone Number:			
Person to Notify in Emergency:	Relationship to player:	Primary # ()	Secondary # ()

PARENT/GUARDIAN'S SIGNATURE

I, the parent/guardian of the registrant, a minor, 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 program and activities (the "Programs"), hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the registrant's participation in the program and/or being transported to or from the same, which transportation I authorize. 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.

By reading this, I understand that Fall River Youth Soccer Association follows a **Zero Tolerance Policy** for assault and abuse, and FRYSA will not condone game misconduct, including: negative comments directed towards any player, spectators instructing players on the field, and negative comments directed towards a referee or coach.

I hereby consent to and authorize Fall River Youth Soccer Association, its affiliated organizations and sponsors to use the registrant's image and likeness with respect to photographs or video taken. I consent to the use of the registrant's photograph, picture, name, and image in connection with Fall River Youth Soccer Association's materials, including without limitation, its publications, promotional materials, website, social media sites, and general media usage.

Please check here if you DO NOT WANT the registrant's image or likeness used in affiliation with Fall River Youth Soccer Association: NO

Parent/Guardian's Signature_____
Parent/Guardian's Name

Date: _____

Returning Player: Y N**2012 Fall:** Fall Rec Cranberry MASC**Age Group:** U _____

Please fill out registration form with copy of birth certificate (first time players) & with the fee check made out to "Fall River Youth Soccer" and mail to:
Fall River Youth Soccer Association
PO Box 1088
Fall River, MA 02722

***Please note, no requests for particular coaches can be made unless player is the daughter or son of the coach.**

----- FOR LEAGUE USE ONLY -----

Team/Coach Assigned: _____

Rating: _____ Check#: _____

Notes: