

PLYMPTON YOUTH SOCCER ASSOCIATION

POST OFFICE BOX 44, PLYMPTON, MA 02367

Fall 2009 / Spring 2010 Registration

1 Player's name: _____
(First) (Middle Initial) (Last)

Mailing Address: _____
(Street or PO Box)

(City/Town) (State) (Zip)

E-mail Address: _____

Gender (Circle One) : Boy Girl **Date of Birth:** _____ **Telephone:** _____
(month/day/year)

Mailings (Check one) :

- I wish to receive all mailings.
 I wish to receive all soccer mailings, including *The Bay Stater**, but no *commercial* mailings.
 I do not want to receive any mailings at all.

* **The Bay Stater:** Mass Youth Soccer Official publication, produced 4 times a year, with league, tournament, club & town soccer news

Fee: \$95 per child (U-6 \$65), up to \$175 family maximum Make checks payable to: **PYSA**
PO Box 44
Amount Paid: \$ _____ Check # _____ Plympton, MA 02367

2 Parent's name(s): _____

Persons to notify in Emergency: _____
(Name) (Telephone)

(Name) (Telephone)

3 Abide by the 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 PYSA, Mass Youth Soccer Association, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the PYSA, MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the PYSA, 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: _____

4 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.

Name: _____

Signature: _____

Date: _____

5 Uniforms – Choose shirt and shorts sizes:

	YS 6/8	YM 10/12	YL 14/16	AS	AM	AL	AXL
Shirt							
Shorts							
Socks	✓ Socks will be provided						

6 Parents, can you help us by volunteering to assist in any of the following areas? Please check off what you would like to do to help Plympton Youth Soccer. We need:

- Coach
- Assistant Coach
- Referee
- Fundraiser
- Team Sponsor (\$150)
- Non-team sponsor - Your donation will help with PYSA's costs.

Donation \$ _____

Volunteer's Name _____

Telephone _____ e-mail _____

Address: _____

Social Security Number * _____ Date of Birth _____

* In accordance with Massachusetts law, we must have your SSN as the law mandates that a Criminal Offender Record Information (CORI) check is conducted on all youth soccer coaches, administrators and volunteers through the Massachusetts Criminal History Board. The information is submitted to Mass Youth Soccer, which will be kept confidential by PYSA and MYSA

Massachusetts General Laws, Chapter 6: Section 172H Children's programs to obtain criminal and juvenile data; volunteers Section 172H, . . . any entity or organization primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, shall obtain all available criminal offender record information from the criminal history systems board prior to accepting any person as a volunteer. Any entity or organization obtaining information under this section shall not disseminate such information for any purpose other than to further the protection of children.