



Winter - Indoor Instructional Soccer

U5-U14 Divisions



MYSA/USYSA

2009/2010 Membership Form

Affiliated with the United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

Age Brackets: date of birth (please circle one):

U5: 8/1/04-7/31/05 // U6: 8/1/03-7/31/04 // U7: 8/1/02-7/31/03 // U8: 8/1/01-7/31/02 // U9: 8/1/00-7/31/01

U10 : 8/1/99-7/31/00 // U11 : 8/1/98-7/31/99 // U12 : 8/1/97-7/31/98 // U13: 8/1/96-7/31/97 // U14: 8/1/95-7/31/96

Program runs from December thru mid-March at our indoor facility located at: 88 Front St. Fall River, MA.....Limited openings in each age group.

PLAYER INFORMATION:

DATE: ___ / ___ / ___

This form must be completed and mailed to the address below, along with the appropriate fee.
Please return by **NOVEMBER 1ST**.

(Please Print & Only One Child per Form)

CHILD'S NAME: _____ M / F BIRTHDATE: _____
 STREET: _____ TOWN: _____ ZIP: _____
 TEL#: _____ E-MAIL: _____
 MEDICAL PROBLEMS: _____

In case of Emergency - Contact: _____ **Cell:** _____

FEE INFORMATION:

One child: \$60
 Two children (same family): \$100
 Three or more children (same family): \$120

Check# _____

PLEASE PAY BY CHECK ONLY !

Make check payable to: Swansea-Somerset Youth Soccer League or SSYSL.

Note: THERE WILL BE IS **NO LEAGUE FUNDRAISER.**

REQUIRED EQUIPMENT:

Shin guards covered with soccer socks, sneakers or indoor soccer shoes.
NOT ALLOWED: Cleats, jewelry or plastic elbow/knee pads.

Mail completed application & fee to: SSYSL
 370 Old Colony Dr.
 Somerset, MA 02726

PARENT/VOLUNTEERS NEEDED - PLEASE GET INVOLVED!!!

The success of the league depends upon parent volunteers. Please check if you would like to assist the league. Every year we struggle to get Coaches to volunteer and your help would be much appreciated.

COACH: _____ **ASST. COACH:** _____

I, the parent/guardian of the registrant, a minor, hereby:

1. agree that the registrant and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting he 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 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 registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
2. give permission to SSYSL or any of it's affiliates to photograph myself, my children and other immediate family members and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, exhibition, commercial or editorial use. I understand that the term "photograph" as used herein encompasses both still photographs, audio recording and video footage. I hereby release SSYSL and any of it's associated, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Print Name: _____ Signature: _____ Date: _____