



Gardner Youth Soccer League Fall 2009

MYSA / USYSA Membership Form

Visit our web site at www.gysl.org



Players First Name: _____ Last Name: _____ M / F

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Father's Name: _____ Mother's Name: _____

Email Address: _____

Medical Problems: _____

Person to Notify in Emergency: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____



Volunteers: The success of Gardner Youth Soccer depends upon the generous donation of time by parents and guardians. Please check the box next to the areas you are willing to help with.

ρCoach Name: _____ Phone #: _____

ρAss't Coach Name: _____ Phone #: _____

ρEither Name: _____ Phone#: _____



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 the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the 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 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

Print Name: _____ Signature: _____ Date: _____

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.

Print Name: _____ Signature: _____ Date: _____