

**Windham Youth Soccer Association
Player Registration - Year 2010**

Mail To: Windham Youth Soccer
P.O. Box 389
Windham, ME 04062

Please Print Clearly

Player Status: (Circle One) New / Returning Birth Certificate on File: (Circle One) Yes / No Seasons of Experience: Spring _____ Fall _____	WYSA Program: (Please Check One) <input type="checkbox"/> Spring Rec <input type="checkbox"/> Pine Tree League <u> </u> <input type="checkbox"/> Fall Rec <input type="checkbox"/> Fall Travel <u> </u>
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Player Information

Legal Name (As on Birth Certificate) _____ **Nickname:** _____

First: _____ **MI:** _____ **Last:** _____

Street Address: _____

Town: _____ **State:** _____ **Zip:** _____

Phone: (207) _____ - _____ **Date of Birth:** ____ / ____ / ____

Gender: (Circle One) Male / Female **School:** _____

Grade Spring 2010: _____ **Grade Fall 2010:** _____

Parent / Guardian #1

First Name: _____ **Last Name:** _____

Phone: (207) _____ - _____ **Cell:** (____) _____ - _____

Relationship (Circle One) Mother Father Guardian

Email: _____

Volunteer
<input type="checkbox"/> Coach
<input type="checkbox"/> Asst. Coach
<input type="checkbox"/> Div Coordinator
<input type="checkbox"/> Sponsor

Parent / Guardian #2

First Name: _____ **Last Name:** _____

Phone: (207) _____ - _____ **Cell:** (____) _____ - _____

Relationship (Circle One) Mother Father Guardian

Email: _____

Volunteer
<input type="checkbox"/> Coach
<input type="checkbox"/> Asst. Coach
<input type="checkbox"/> Div Coordinator
<input type="checkbox"/> Sponsor

Emergency

Contact: _____ **Phone:** (____) _____ - _____

Doctor: _____ **Phone:** (____) _____ - _____

Requests

Please Complete Reverse Side

I, the parent/guardian of the above-named player, a minor, agree that the player and I will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer league programs and activities of the USYSA Parties (the "Program"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Please Initial

As the parent or legal guardian of the above-named player, I hereby give consent for emergency 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 the life, limb or well being of my dependent.

Please Initial

Recognizing that adults are role models for all of our players, I/we pledge not to smoke or to use tobacco in proximity to any fields being used for youth soccer activities.

Please Initial

*New players MUST send a copy of birth certificate to: WYSA
P.O. Box 389
Windham, ME 04062

(Proof of age shall consist of a photocopy of a birth certificate, a Uniformed Services Identification and Privilege Card (DD Form 1173) issued by the uniformed services of the United States, a birth registration issued by an appropriate government agency or board of health records, a passport, an alien registration card issued by the United States Government, a certificate issued by the Immigration and Naturalization Service attesting to age, a current driver's license, or a certification of a United States citizen born abroad issued by the appropriate government agency. NOT ACCEPTED: Hospital, baptismal, or religious certificates.)