

SOUTH BERWICK YOUTH SOCCER

Registration form

(*Please sign up before August 1st, we cannot guarantee placement on a team after this date.)

Player's Name _____ DOB _____ Gender _____ Grade in Fall _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Father _____ Home# _____ Work# _____ Cell# _____

Mother _____ Home# _____ Work# _____ Cell# _____

Email address(es) _____

Medical Problems _____

Medications _____

Notify in case of Emergency (if unable to reach parents) _____

Address _____ Phone _____

* I give permission for pictures of my child to be placed on the SBYS Facebook Page, Please check one: Yes No

Important

I, the parent/guardian of the below-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.

As the parent or legal guardian of the below-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.

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.

Name (printed) _____ Relationship _____

Signature _____ Date _____

This league is run by a group of committed volunteers. We are seeking people to help us in many ways. Please check off the areas where you plan to help the league to offer quality soccer for our children.

Coach (we provide training) _____

Team Mother _____

Referee (we provide training) _____

Concession Coordinator _____

General Board Member _____

Concession Assistant _____

Division Coordinator _____

Equipment & Field Coordinator _____

Several small jobs:

1. Lining the fields (we will train you) - 1.5 hours a week _____
2. Checking condition of flags and nets (both fields) - 45 minutes a week _____
3. Putting team benches in and out (both fields) - 45 minutes a week _____
4. Maintaining a schedule and communication with the Town - 30 minutes a week _____

South Berwick Youth Soccer
PO Box 504
South Berwick, ME 03908
email: SBYouthSoccer@gmail.com

Soccer Maine
More information regarding Soccer Maine can be found at:
www.soccermaine.com
Season Rates are available on the town website.

Sign Up Dates for 2013: May 17th & June 7th (6-8pm), May 18th & June 8th (9am-12pm)

First Floor South Berwick Town Hall

Fill out this form and bring it with you, or mail it to the address shown.