

# SOUTH BERWICK YOUTH SOCCER

## Registration form

(\*Please sign up before August 1<sup>st</sup>, 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](mailto:sbyouthsoccer@gmail.com)

Soccer Maine  
More information regarding Soccer Maine can be found at:  
[www.soccermaine.com](http://www.soccermaine.com)  
**Season Rates are available on the town website.**

**Sign Up Dates for 2014: May 9<sup>th</sup> & June 6<sup>th</sup> (6-8pm), May 10<sup>th</sup> & June 7<sup>th</sup> (9am-12pm)**

**First Floor South Berwick Town Hall**

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

**Checks should be made payable to SBYS**