



Please fill out the Registration form – and mail to...

PYSA  
PO Box 2015  
Peabody, MA 01960

Registration fee is

U6/U8	\$35
U10	\$50
U12	\$50
U14	\$50
U16/U18	\$50

\* Please make check payable to PYSA

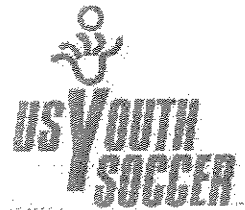
If child is new to the PYSA program, a copy of the his/her birth certificate must accompany the registration form.



PO Box 2015  
Peabody, MA 01960  
978-535-0087



# Membership Form



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

Organization Name

Last

First

Mailing Address

M/F

Date of Birth

City

State

Zip Code

Phone #

Father's Name

Mother's Name

E-mail Address

Check here if you DO NOT want to receive commercial mailings

Check here if you DO NOT want to receive soccer mailings

Medical Problems

Person to notify in an emergency?

Phone #

Doctor to notify in an emergency?

Phone #

## Abide by Rules and Release

## Consent for Medical Treatment (Minor)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Mass Youth Soccer/US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Mass Youth Soccer/US Youth Soccer, 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 the 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.

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.

Name:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Top Form for Coach • Keep Bottom Form for the Organization

Be sure to visit our web-site [www.mayouthsoccer.org](http://www.mayouthsoccer.org)