

**Chamberlain Soccer
2009 Spring Season Registration**

Fee: \$20.00 per player (one player per form, please)
\$15.00 late fee per family starting March 20

Make checks payable to: COAST

AGE: U5 U6 U8 U10 U12B U12G U14 Co-ed (Circle one – see age division on back)

(First year players in U8 and above must furnish a state certified copy of their birth certificate.)

Last Name _____ First Name _____
_____ MI _____

Address _____ City _____
_____ State _____

Zip _____ Phone _____ Sex: M F School _____

Current Age _____ Birth Date _____ Grade _____

Dad's Last Name _____ First Name _____
Phone _____

Email Address _____

Mom's Last Name _____ First Name _____
Phone _____

Email Address _____

Volunteers are needed. Please check where you can help our organization:

_____ Concessions _____ Coach _____ Referee _____ Board Member _____
Assistant Coach

Signature required before child can play. Please read the following and sign below.

Consent for Medical Treatment of Minor

As the Parent/Legal Guardian of the above named minor child, 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 necessary to preserve life, limb or the well-being of my dependent.

Agreement to Abide and Hold Harmless

As the parent/guardian of the registrant, a minor, I agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer Programs and Activities (“the Programs”), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees for the Programs, against any claim on behalf of the registration 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.

Signature of Parent/Legal Guardian _____
Date _____

For office use only

\$ Paid _____ Check # _____ Received by _____ Date Received _____
_____ of _____