



# FALL 2009 Registration Form

Include payment of \$125 to *Northampton Soccer Club*  
Scholarships are available, please contact your coach for details.

PLAYER INFO  <input type="checkbox"/> NEW  <input type="checkbox"/> RETURNING  _____ JERSEY #	<b>Last Name:</b> _____	<b>Address 1:</b> _____
	<b>First Name:</b> _____	<b>Address 2:</b> _____
	<b>MI:</b> _____ <b>M/F:</b> _____ <b>DoB.:</b> _____	<b>City:</b> _____, MA <b>Zip:</b> _____
	<b>Age Group (circle one):</b> U8 - U9 - U10 - U11 - U12 - U13 - U14	<b>Home Phone:</b> _____  <b>Email:</b> _____

PARENT / GUARDIAN INFO  _____ CHECK #	<b>Contact #1</b> _____	<b>Contact #2</b> _____
	<b>Business / Cell Phone:</b> _____	<b>Business / Cell Phone:</b> _____
	<b>Email:</b> _____	<b>Email:</b> _____
	<b>Best way to contact you:</b> HOME - CELL - WORK - EMAIL	<b>Best way to contact you:</b> HOME - CELL - WORK - EMAIL

MEDICAL INFO  &  CONSENT FOR  MEDICAL TREATMENT  (MINOR)	<b>Medical Problems:</b> _____
	<b>Person to Notify in Emergency:</b> _____ <b>Phone:</b> _____
	<b>Doctor to Notify In Emergency:</b> _____ <b>Phone:</b> _____
	<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of 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 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.</p>
	<b>Name:</b> _____ <b>Signature:</b> _____
<p>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</p>	
<b>Signature:</b> _____ <b>Date:</b> _____	