



SPRING 2009

Development Registration

Include payment of \$60 to *Northampton Soccer Club*
Scholarships are available, please contact your coach for details.

PLAYER INFO <input type="checkbox"/> NEW <input type="checkbox"/> RETURNING _____ JERSEY #	Last Name: _____ Address 1: _____ First Name: _____ Address 2: _____ MI: _____ M/F: _____ DoB.: _____ City: _____, MA Zip: _____ Age Group (circle one): _____ Home Phone: _____ <div style="text-align: center;">U7 - U8 - U9 - U10</div> Email: _____
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PARENT / GUARDIAN INFO _____ CHECK #	Contact #1 _____ Contact #2 _____ Business / Cell Phone: _____ Business / Cell Phone: _____ Email: _____ Email: _____ Best way to contact you: HOME - CELL - WORK - EMAIL Best way to contact you: HOME - CELL - WORK - EMAIL
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MEDICAL INFO & CONSENT FOR MEDICAL TREATMENT (MINOR)	Medical Problems: _____ Person to Notify in Emergency: _____ Phone: _____ Doctor to Notify In Emergency: _____ Phone: _____ <p style="font-size: small;">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> Name: _____ Signature: _____ <p style="font-size: small;">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> Signature: _____ Date: _____
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