

# BOURNE YOUTH SOCCER ASSOCIATION

## Fall Registration Form

www.bournesoccer.org

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ M/F: \_\_\_\_\_

**COMPLETE** Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age as of 8/1: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work/cell Phone #: \_\_\_\_\_ Work/cell Phone #: \_\_\_\_\_

Please describe any relevant medical conditions: \_\_\_\_\_  
(also indicate any ADA Reasonable Accommodations required)

Emergency Contact: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:** Would you be interested in helping in any of these categories?

Coach \_\_\_\_\_ Assistant coach \_\_\_\_\_ Under 6 team coach \_\_\_\_\_  
Please note: All adult volunteers are subject to a "CORI" background check

Team sponsor: (\$125; please provide sponsor name and phone): \_\_\_\_\_

Please specify which child's team you'd like to coach, assist, or sponsor: \_\_\_\_\_

Consent for Medical Treatment: 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.

I, the parent/guardian of the registrant, a minor, 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 and associated personnel, including the owners of fields utilized for the Programs, against any claims by or on 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.

Parent's Signature: \_\_\_\_\_

Do you wish to receive mailings from Mass Youth Soccer Assoc? Y / N Do you wish to receive commercial mailings? Y / N

How many years of organized competitive soccer has this child played? \_\_\_\_\_

If your child has an **AUGUST** birthday, would you like him/her to play at his/her age as of **Aug 1** \_\_\_\_\_ or **Aug 30** \_\_\_\_\_

Circle Uniform T-shirt size Youth size **YM YL** Adult size **AS AM AL AXL**

Registration Fees \_\_\_\_\_ First player \$45.00 (\$70.00 if postmarked after June 30)  
(Must be paid prior to play!) \_\_\_\_\_ Additional player \$35.00 (\$60.00 if postmarked after June 30)

U6 players (4 or 5 years old on August 1) are exempt from the late fee.

If you are new to the area, the late fee will be waived. Please send a note with form.

All registrations Postmarked after July 31 will be placed on a waiting list

**Please make checks payable to BYSA.**

**There are no refunds other than for ineligibility or medical reasons.**

***PLEASE NOTE: FALL SOCCER REGISTRATION IS OPEN TO BOURNE RESIDENTS ONLY!***

Send forms to:  
Bourne Youth Soccer  
P.O. Box 542  
Cataumet, MA 02534-0542  
Email: bournesoccer@gmail.com