



New Bedford Youth Soccer Association, Inc.

P.O. Box 5620 New Bedford, MA 02740 Tel: 508-984-4850

www.nbysa.org

REGISTRATION FORM

SPRING RECREATIONAL PROGRAM

FALL RECREATIONAL PROGRAM

Last First Middle

Mailing Address City/Town State Zip code

(_____) _____ / ____ / ____
Phone # M / F Date of Birth Age

Father's Name Mother's Name

Email Email

Father's Work Telephone Mother's Work Telephone

Occupation Occupation

Medical Problems

Person to Notify In Emergency (Other Than Parents) (_____) Phone #

Child's Physician to Notify in an Emergency (_____) Phone #

"ALL INFORMATION IS KEPT CONFIDENTIAL"

Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that the Registrant and I will abide by the rules of the NBYSA, the MYSYA, and the USYSA, its affiliated Organizations and sponsors. Recognizing the possibility of physical injury Associated with soccer and in consideration for the NBYSA, the MYSYA/USYSA Accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the NBYSA, the MYSYA/USYSA, it's 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.

Consent for Medical Treatment (Minor)

As Parent of 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.

Print Full Name

Signature Date

Circle One Shirt Size

Youth M L XL **Adult** S M L XL XXL

FOR: NBYSA USE ONLY **NO REFUNDS**
Payment Received

CASH CHECK NO: _____

AMOUNT: _____

RECEIVED BY: _____

**A \$25 FEE WILL BE ASSESSED TO YOUR CHILDS
REGISTRATION IF YOUR BANK RETURNS YOUR
CHECK.**

Check if you want to coach in the FALL.
Name: _____

Check if you are interested in sponsoring a FALL team.

Business Name: _____ Tel #: _____



Affiliated with Massachusetts Youth Soccer Association (MYSYA) – United States Youth Soccer Association (USYSA) United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

