



**MELROSE YOUTH SOCCER  
WINTER SKILLS SOCCER PROGRAM  
Boys and Girls U- 10, U-12, U-14 Divisions**

Parents please note if your child has any physical limitations, medical problems or allergies and complete this form in its entirety.

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I verify that my child, \_\_\_\_\_

Melrose Youth Soccer Age Division: \_\_\_\_\_

is covered by insurance and is physically able to participate in the Melrose Youth Soccer Winter Skills Program. I authorize Bill DeSimone-Rick Siebert- or any other staff member to act for me according to his/her best judgment in any emergency requiring medical attention if I cannot be contacted. I will hold harmless Bill DeSimone, Rick Siebert, their staff, Melrose Youth Soccer and the City of Malden of any and all liability actions, causes of actions claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participating in any of the clinic's activities.

**Melrose Youth Soccer Winter Skills Program is not responsible for the participant and or their transportation arrangements beyond the stated times.**

Parent/Guardian (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

**REGISTRATIONS MUST BE RECEIVED BY NO LATER THAN FRIDAY  
JANUARY 4TH, 2008**

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\*Scholarships available on written request to Melrose Youth Soccer for players requiring financial assistance