



# MYSA/USYSA Membership Form



Attention to Parents: Point any internet browser to [www.melroseyouthsoccer.net](http://www.melroseyouthsoccer.net) and click on "MYS online registration."

OR Complete one copy of this form for each child you are registering, and submit it along with payment to:  
Melrose Youth Soccer, P.O. Box 761056. Melrose, MA 02176.

- TRAVEL Soccer cost is \$90/player, with a maximum of \$180.00 per family. You must register by 5/21/10
- CITY Soccer cost is \$75/player with a maximum of \$180 per family.
- On-time registration for city leagues ends 6/15/10. Late registrations will be charged a \$15 late fee and placed on a waiting list. The late fee is non-refundable. Late registrants are not guaranteed a slot on a team.

My Child is: (Check one) A new player in Melrose Youth Soccer\*  A returning player to Melrose Youth Soccer   
\*Players new to Melrose Youth Soccer must include a copy of a valid birth certificate along with their application.

Please enroll my child in: (Circle the appropriate choices – look to the bottom of this sheet for age group information)

Age Group: Munchkins U-8 U-10 U-12 U-14 Division: City Travel  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Travel Players: It is the philosophy of Melrose Youth Soccer that players on division 1 & 2 teams be present at practices and games in preference to other activities. If selected for an upper level team my child will commit to this attendance.

Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  Mother's Name \_\_\_\_\_  (Check if one parent is the primary contact.)

Email Address \_\_\_\_\_  Check here if you would like to learn more about coaching

Medical Problems \_\_\_\_\_

Person to notify in an emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

## Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSA/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.

## 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.

## Fall10/Spring11 Registration Age Brackets:

Age Group	Born Between	And
U-6 City (Munchkins)	9/1/2004	8/31/2005
U-8 City	9/1/2002	8/31/2004
U-10 City	9/1/2000	8/31/2002
U-10 Travel	8/1/2000	7/31/2002
U-12 Travel	8/1/1998	7/31/2000
U-14 Travel	8/1/1996	7/31/1998

Name: \_\_\_\_\_

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

**MYS Use Only** Postmark date if mailed in: \_\_\_\_\_

Check #: \_\_\_\_\_ Reg.Fee: \_\_\_\_\_ Late Fee: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Birth certificate if new player registration?  Yes  No