

# West Brookfield Youth Soccer SPRING 2016 – Registration Form



Player Last Name \_\_\_\_\_ Player First Name \_\_\_\_\_

Boy or Girl (circle) Date of Birth: \_\_\_\_\_

In-Town Program Registration Fee \$40 (Deadline for registration is February 20<sup>th</sup>)

\_\_\_\_\_ U4 (8/1/011 - 7/31/12) \_\_\_\_\_ U5 (8/01/10 - 7/31/11)  
\_\_\_\_\_ U6 (8/1/09 - 7/31/10) \_\_\_\_\_ U8: PARTIAL TRAVEL (8/01/07 - 7/31/09)

EARLY BIRD DISCOUNT \$35: Must register before January 8<sup>th</sup>

Travel Program Registration Fee \$55 (Deadline for registration is January 8<sup>th</sup>)

\_\_\_\_\_ U10 (8/1/05- 7/31/07) \_\_\_\_\_ U12 (8/1/03 - 7/31/05) \_\_\_\_\_ U14 (8/1/01 – 7/31/03)

EARLY BIRD DISCOUNT \$45: Must register before December 18<sup>th</sup>

**\*\*\*The maximum family registration fee is \$100\*\*\***

**PARENT/GUARDIAN INFORMATION**

FULL NAME: \_\_\_\_\_ CONTACT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ADDITIONAL PARENT/GUARDIAN INFORMATION (IF APPLICABLE)**

FULL NAME: \_\_\_\_\_ CONTACT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN LISTED ABOVE):**

FULL NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**Medical Treatment, USYSA Disclaimer, Code of Conduct, Refund Policy & Photo Release**

Consent of Medical Treatment (minor): 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.

USYSA Disclaimer: I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 hear by 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 behalf of the registrant as a result of the registrants participation in the programs, and/or being transported to or from the same, which transportation I hereby authorize.

Parent Code of Conduct: I, the parent/guardian of the registrant, agree that I will: remember that my child is playing for fun, cheer positively for my child and teammates, encourage good sportsmanship, arrive on time, supervise all non-playing children, refrain from disparaging or degrading remarks to anyone, not shout instructions to my child or any other players, not run up and down the sidelines, not shout insults at the referee or anyone else, and absolutely no tobacco or alcoholic products on school grounds or face removal from WBYS.

Refund Policy: I, the parent/guardian of the registrant, understand that no refunds will be given to a player after he/she has participated in a team practice and/or game. Once a player has played in a practice and/or game, WBYS has committed funds for insurance, equipment and clinics and it is not reasonable for these costs to be absorbed by other members of WBYS. If the family discount was applied, it will be deducted from the refund as applicable. Late fees are not refundable unless the player could not be placed on a team in the WBYS program or cannot play due to injury/illness/moving prior to the start of the season. All refund requests must be made in writing to the WBYS registrar no later than one week after the start of the season.

Photo Release: I understand and acknowledge that West Brookfield Youth Soccer (WBYS) often uses photographs of players for use on the WBYS website, Facebook and other materials. As such, I hereby consent WBYS, photographing/filming my child and using those images on those mentioned web-based and printed materials. I release WBYS from any claim by me, or on my behalf, arising out of WBYS use of any photograph of my child.

List any player health problems or concerns: \_\_\_\_\_

\_\_\_\_\_ Please initial here if you consent to the above terms, conditions, and policies

\_\_\_\_\_ Please initial here if you consent to the photo release and allow WBYS to use pictures of my child for promotion.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I am willing to help out in the following areas (check all that apply):

\_\_\_\_\_ Coach/As Coach \_\_\_\_\_ Board Member \_\_\_\_\_ Soccer Volunteer \_\_\_\_\_ Other (\_\_\_\_\_)

**\*\*\*Mail form and fees to WBYS, PO BOX 804 West Brookfield, MA 01585 (one child per form)\*\*\***

**For questions, please email to [westbrookfieldys@gmail.com](mailto:westbrookfieldys@gmail.com).**

**To register online visit our website, [www.wbys.net](http://www.wbys.net) Also, be sure to like us on Facebook!!!**