



Westchester Youth Soccer League
 Affiliated with the Eastern New York Youth Soccer Association



REGISTRATION FORM

PLEASE PRINT FIRMLY AND LEGIBLY

Club Name _____ Team Name _____

Player's Information:

Player's Last Name _____ Player's First Name _____

Street Address _____ City _____

State _____ Zip Code _____ Tel. No.() _____

Sex: Male _____ Female _____ Birth Date _____ School Attending _____

Number of Prior Seasons Played _____ Date of Last Season _____ Player's I.D. # _____

Parents'/Guardians' Information:

Father's Name _____ Bus. Phone _____ Cell Phone _____ E-Mail _____

Mother's Name _____ Bus. Phone _____ Cell Phone _____ E-Mail _____

PLAYER'S COMMITMENT

This is to certify that the Player does not play for and is not registered to any other travel soccer club, and commits to this team from September 1st to August 31st of the soccer year to which this registration applies.

CONSENT TO PARTICIPATE, LIABILITY WAIVER AND RELEASE

If the above named Player is a minor, I, as the Parent or Guardian of the Player, or if the Player is not a minor, I, as the Player, hereby give my permission for the Player to participate in any and all programs and activities of the Westchester Youth Soccer League and other USYS/USS affiliated leagues and the above named Club (the "Programs"). I assume all risks and hazards incidental to the conduct of the Programs and transportation to and from the Programs which transportation I hereby authorize. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USS and its affiliates, including the above named club, accepting the Player for its Programs, I hereby release, discharge and/or otherwise indemnify the USYS/USS, its affiliated organizations, including the State Youth Association, the Westchester Youth Soccer League and the above named club and sponsors, their employees and associated personnel, the owners of fields and facilities utilized for the Programs, and also the officers, directors, trustees, leaders, volunteers, coaches, trainers and agents of the State Youth Association, the Westchester Youth Soccer League and/or any affiliated club against any claim by or on behalf of the Player and/or the Player's parents, guardians and other relatives as a result of the Player's participation in the Programs and/or being transported to or from the same.

By signing this form, the Parent/Guardian and Player agree to abide by the rules and guidelines of the USYSA, State Youth Association and Westchester Youth Soccer League, available at www.wyslsoccer.org or through the League office, and of the above named club.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As a parent or legal guardian of the above named player, I hereby give my consent to have the coach, assistant coach or trainer of the team on which the above named player is registered act a my surrogate in securing ambulance service and to have an athletic trainer and/or Doctor of Medicine or Doctor of Dentistry provide the above named Player with medical assistance and/or treatment under whatever conditions are necessary to preserve the life, limb or well-being of the above named Player, and I agree to be responsible financially for the cost of each assistance and/or treatment rendered.

Please sign below to acknowledge and agree to the Player's Commitment, Consent to Participation, Liability Waiver and Release and Consent for Medical Treatment (Minor).

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Player: _____ Date: _____