

# Burlington Youth Soccer Association



## MYSA/USYSA

### Membership Form



Affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

**BYSA ID #:** \_\_\_\_\_ **AGE GROUP:** \_\_\_\_\_  
**LAST NAME:** \_\_\_\_\_ **PLAYER'S FIRST NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **MOTHER:** \_\_\_\_\_  
**SHIRT SIZE:** \_\_\_\_\_ **SHORT SIZE:** \_\_\_\_\_ **SCHOOL GRADE:** \_\_\_\_\_

**U9 - U18 Travel Uniform Sizes Available:**

Youth Lg. (yl) Adult Sm. (as) Adult Md. (am) Adult Lg. (al) Adult

**Medical Problems ?** \_\_\_\_\_

**Person to Notify in Emergency ?** \_\_\_\_\_

**Doctor to Notify in Emergency ?** \_\_\_\_\_

**FULL NAME AND PHONE NUMBER**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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 hereby 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 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.

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

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

#### Consent for 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.

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #**

**Cell/Other Phone #**

**Date:** \_\_\_\_\_

Please make any necessary corrections to the above information, sign in both locations, date the form enclose payment (payable to BYSA) and return to your coach or to: BYSA, P.O. Box 213, Burlington, MA 01803

#### Registration Fees:

\$55 U6/U8    \$90 Travel (U9 - U14)    \$75 Travel (U16 - U19)    \$175 Family Maximum

\$15 discount for U6/U8 if received before Sept. 1 (for Fall Season) or Apr. 1 (for Spring Season)

\$15 discount for U9 - U14 if received before June 1 (for Fall Season) or Nov. 1 (for Spring Season)