



Cambridge Youth Soccer

Spring 2017 Registration Form

www.cambridgeyouthsoccer.org

P.O. Box 390215, Cambridge, MA 02139-0003 • 617-491-4958

Player name: FIRST _____ LAST _____

Player date of birth: (month/date/year)

Address: _____

City: _____ Zip: -

Player sex: Male Female

School: _____ Grade:

- League: In-Town Kickstart (Pre-K, Kindergarten, 4 year old minimum)
 In-Town Premier League (1st, 2nd, and some 3rd grade)
 In-Town Champions League (3rd, 4th, and 5th grades)
 In-Town Upper School League (6th, 7th, and 8th grades)
 BAYS Travel Grade 3-Grade 8 — pending space available
 BAYS Travel Grade 9-12

Parent 1 name: _____

Parent 1 email:

Parent 1 phone: - - I am interested in coaching or assistant coaching.

Parent 2 name: _____

Parent 2 email:

Parent 2 phone: - - I am interested in coaching or assistant coaching.

Emergency contact name: _____

Emergency contact phone: - -

Special request or something we should know: _____

Registration fees:

- Kickstart Spring 2017 Season (\$65)
- In-Town Spring 2017 Season (\$100)
- BAYS Grade 3-8 Spring 2017 Season (\$120) Payment not required until team assignment confirmation.
- BAYS Grade 9-12 Spring 2017 Season (\$95)
- Check this box if you require financial aid

Optional donation to support CYS player scholarship fund: \$ _____

Please make check payable to Cambridge Youth Soccer.

Mail this form with payment to: Cambridge Youth Soccer, P.O. Box 390215, Cambridge, MA 02139-0003

Picture waiver:

- I authorize a photograph of the above player to be used on the CYS web site or newsletters
- I do not authorize a photograph of the above player to be used on the CYS web site or newsletters

Allergies or other Medical Conditions: _____

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.

I, the parent/guardian of the registrant, agree that I, and the registrant will abide by the rules of the USYSA, MYSA, BAYS, CYS affiliated organizations and sponsors.

I hereby release, discharge and/or otherwise indemnify the USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any and all claims by or on 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.

- I agree to medical release

Signature: _____

Date: (month/date/year)