

# Watertown Youth Soccer-Travel Teams-Spring 2006 (Spring 2006 Travel Teams are for children in grades 4 thru 12)

If you have internet access...DON'T FILL OUT THIS FORM  
**Register ON-LINE** (you will save money!)  
**[www.watertownyouthsoccer.org](http://www.watertownyouthsoccer.org)**

Travel Team registration deadline is November 12<sup>th</sup>  
(After Nov. 12<sup>th</sup>, players MUST pay higher fee and are placed only if space is available.)  
Contact Sue Hulbert with questions or problems...hulbertmoan@rcn.com, 617-926-0934

**A. Player Information** - Name: \_\_\_\_\_ Boy  $\pi$  Girl  $\pi$

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Current BAYS Team (if playing): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**B. Registration Fee – (CIRCLE ONE):**

**Received  
by Nov 12<sup>th</sup>  
\$80**

**Received  
after Nov 12<sup>th</sup>  
\$90**

**For Spring 2006 season ONLY:**

**C. Uniform** - All players must have a red and white WYS uniform jersey, black shorts and red socks. Uniforms have **not** changed. ORDER ONLY WHAT YOU NEED!

$\pi$  Shirt \$30 **(circle size)** Youth-L Adult-S Adult-M Adult-L Adult-X-Large

$\pi$  Shorts \$15 **(circle size)** Adult-S Adult-M Adult-L Adult-X-Large

$\pi$  Socks \$5 per pair Specify number of pairs: \_\_\_\_\_

**D. Amount enclosed** - Reg. Fee \$\_\_\_\_\_ + Uniform (IF ANY) \$\_\_\_\_\_ = Total Paid \$\_\_\_\_\_

**E. Volunteer – we need you!** Watertown Youth Soccer is a volunteer organization. Check your interest and we will contact you.

**If you can be a:** Coach  Assistant Coach  Team Manager   
Board Member  WYS Organizational Helper

Name of volunteer(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return form by November 12, 2005, with check to WYSL, to:  
Watertown Youth Soccer c/o Anne Marie Cloonan, 14 Winthrop St., Watertown, MA 02472

***(Fill out reverse side.)***

# Watertown Youth Soccer-Travel Teams-Spring 2006 (page 2)

## Player's Medical Information:

Player's Name: _____	Date of Birth: _____
Medical Problems? _____	
Person to notify in emergency _____	Phone _____
Doctor's name _____	Phone _____
Insurance carrier _____	Policy number _____

## Consent for medical treatment of a 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 the registered player.

## Injury Waiver; Confirmation of Rules:

I hereby absolve the WYSL, including all coaches, managers, officers, and others participating in league activities from all liability and will not hold them responsible for injury incurred to the registered person, and hereby give my approval to this person's participation in this league. I also agree on behalf of my family and the player that we will follow and abide by the rules and procedures of WYSL. I acknowledge that WYSL and coaches have the authority to suspend registered players for poor behavior detrimental to the purpose of the league.

## USYS/MYSA/BAYS/WYSL Release:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA and its affiliated organizations and sponsors (including MYSA, BAYS and WYSL.) Recognizing the possibility of physical injury associated with soccer and in consideration for each of USYSA/MYSA/BAYS/WYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby waive, release, discharge and/or otherwise hold harmless and indemnify each of USYSA/MYSA/BAYS/WYSL, 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 registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Print Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form, with check to WYSL, to:  
Watertown Youth Soccer c/o Anne Marie Cloonan  
14 Winthrop St., Watertown, MA 02472

**Travel Team registration due date is November 12, 2005**  
*(Fill out reverse side.)*