



Holliston Youth Soccer Association Registration Form

Last Name

First Name

M/F

Birthdate

School

Grade (for **upcoming** season)

Season (Fall Only, Fall/Spring, or Spring Only)

Primary Email Address

Home Phone

Street Address

Town

State

ZIP Code

Parent/Guardian #1

Mobile Phone #1

Parent/Guardian #2

Mobile Phone #2

Medical Issues (use back of form if more space is required)

Person to Notify in Case of Emergency

Telephone Number

Doctor to Notify in Case of Emergency

Telephone Number

Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Holliston Youth Soccer Association, their affiliated organizations and sponsors ('Club'):

(1) I desire to have the registrant participate in the Soccer ('Sport') programs and activities, including indoor/outdoor play, practices, clinics and matches ('Programs') offered by said Club. Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my child as a player in the soccer programs and activities of US Youth Soccer and its members (the 'Programs'), I consent to my child participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs, including being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

(2) My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice attached to this release setting forth any specific issue, condition, or ailment that my child has that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

(3) My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by US Youth Soccer and members of US Youth Soccer, including Massachusetts Youth Soccer and all affiliated member organizations.

(4) I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release and waiver of liability and fully understand its terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of our own free will.

Medical Permission/Waiver

As parent or legal guardian of the minor named on this form, I hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Holliston Youth Soccer Association-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of the registrant, a minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

Name

Signature

Date