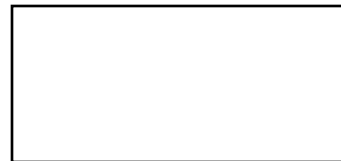


Alden Youth Soccer Travel League



Please Print

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ Sex M/F _____

State: _____ Zip Code: _____ Phone _____ Date of Birth: ____/____/____
Mo / Day / Year

Email address: _____

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Home Phone: _____

List any medical problems or limitations player has: _____

Person to notify in case of emergency: _____ Cell Number: _____

Player History: Please list prior soccer experience: _____

Number of seasons played: _____ House Soccer: _____ Travel Soccer: _____

Uniform Size: Please circle choice below:

Youth Shirt: S M L XL Youth Short: S M L XL Adult Shirt: S M L XL Adult Short: S M L XL

Last year's Jersey #: _____ Second Choice #: _____

Registration Fee: \$200.00 Checks made payable to: Alden Youth Soccer

\$100.00 due at time of sign up with balance due by 1/31/2018

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's affiliated organizations and sponsors recognizing the possibility of physical injury associated with soccer programs and activities (The Program). I hereby release, discharge and/or otherwise indemnify the USYSA, it's 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 registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for medical treatment (Minor): As the 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 maybe given under whatever conditions are necessary to preserve the life, limb or well-being of my dependents.

Signature of Parent/Guardian: _____ Date: _____

Mail form to: Bill Kissell, 703 Exchange St, Alden NY 14004

Check #: _____ Cash: _____ *ISF charge on all returned checks is \$35.00*