



SOCCER ASSOCIATION FOR YOUTH

# 2011 Registration Form

- LeagueUse Only
- New
  - Transfer
  - Change/correction
  - Re-registration

Scranton Youth Soccer  
 c/o Larry Hickernell  
 1604 Pine Street  
 Scranton, PA 18510  
 www.scrantonsoccer.org

OFFICIAL USE ONLY

League Name Scranton Youth Soccer Age Group \_\_\_\_\_ Div \_\_\_\_\_

Club/Team Name(s) \_\_\_\_\_

(USE CODE ONLY) Region \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ SYS League \_\_\_\_\_ Club \_\_\_\_\_ Team \_\_\_\_\_ R Recreational = R Competitive = C

Affiliated with  
 USSF, US Youth Soccer and SAY  
 I.D. # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

PA State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of July 31 \_\_\_\_\_ Email \_\_\_\_\_

If the player is female, does she wish to play on a coed team, girls only team, or both (ages 10 to 15)?

Coed  
 Girls only  
 Both

Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Optional \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Optional \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Number prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last Coach \_\_\_\_\_ Year of Last Season \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**WARNING:** Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by SAY, USSF, and US Youth Soccer rules and regulations. SAY registered players may forfeit their youth status eligibility by signing a USSF "A" senior amateur form. Youth players may play senior level soccer after obtaining appropriate advice and waiver under US Youth Soccer rule 4.2.4.

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 behalf of the registrant as a result of the registrant's participations in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_ Parent / Legal Guardian (please print)

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

<input type="checkbox"/> Coach	<input type="checkbox"/> Concessions	<input type="checkbox"/> Board Member
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Clerical
<input type="checkbox"/> Team Manager	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Publicity
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Reporter	<input type="checkbox"/> Donor
<input type="checkbox"/> Referee	<input type="checkbox"/> Newsletter	

Other \_\_\_\_\_

**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 may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent / Guardian  
X \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

Registration is now on line at  
<http://www.bluesombrero.com/scrantonsoccer>. If you're unable to register on line, complete this form and mail it to the address above.

The fees charged cover insurance, field usage and referee fees.

First Child in Family: \$30  
 Second Child in Family: \$20  
 Third or more: Free  
 Late fee of \$5 for registrations received after August 1, 2011.