

**Fergus Falls Youth Soccer Association
2009 Middle School Traveling Team Registration**

Player's Name: _____ Phone: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Birth date: _____

Father's Name: _____ Boy or Girl

Home Phone: _____ Work Phone/Cell Phone: _____

Mother's Name _____

Home Phone: _____ Work Phone/Cell Phone: _____

Previous Soccer Experience: _____

Fees for 2009 Middle School Season – \$100 registration fee

The registration fee covers costs associated with operating the traveling soccer program. Items include but are not limited to: mandatory accident insurance fee, referee fees, uniform costs, and field and equipment costs.

Payment (circle) Cash Check (Make out to FFYSA)

I hereby give permission and approval for the above named child to participate in soccer activities with Fergus Falls Youth Soccer Association. I assume all risks and hazards incidental to such activity and participation, and release the sponsors, supervisors, and participants from any claim arising from an injury to my child. Please complete the medical information requests on the back of this form.

Parent/ Guardian Signature

Date

If you are unable to attend registration, please mail registration forms and fee to:

**Fergus Falls Youth Soccer Association
P. O. Box 806
Fergus Falls, MN 56538**

Board of Directors: Pam Cordahl, Marie Murphy, Wayne Stein, Curtis Deterding, Dana McClafin, Barb Johnson/Registrar, Tom Johnson/President, Jeff Hatlewick/Administrator

For Organizational Use:

Check Number _____ Date Check Received _____ Check Amt _____ Club Official's Initials _____

**FERGUS FALLS YOUTH SOCCER ASSOCIATION
LIABILITY/MEDICAL RELEASE**

Player's Name _____

EMERGENCY INFORMATION

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Allergies _____

Other medical conditions _____

Medical Insurance Company _____ Phone _____

Policy Holder _____ Policy Number _____

Player's Physician _____ Phone _____

Player's Dentist _____ Phone _____

PARENT/GURADIAN AGREEMENT

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the US Youth Soccer Association and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, 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 program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) _____

Date _____ Signature _____

Consent for Medical Treatment

As the parent/legal guardian of a participant in USYSA/MYSA programs, 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.

Date _____ Signature _____

