



Brockton Youth Soccer Association

Membership Form

Affiliated with US Youth Soccer and MA Youth Soccer

Last Name

First Name

Mailing Address

M/F

Date of Birth

City

State

Zip

Phone #

Father's Name

Mother's Name

Email Address

Known Medical Problems

Doctor

Phone #

Abide by Rules and Release

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Brockton Youth Soccer ("BYSA"), its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for BYSA accepting the registrant for its soccer program and activities ("Programs"), I hereby release, discharge, and otherwise indemnify BYSA, its affiliated organizations and sponsors, their employees and associated personnel, including 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.

Name: _____

Signature: _____ Date: _____

Consent for Medical Treatment

As parent/guardian of the above named player, I hereby give 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, and the well being of dependant.

Name: _____

Signature: _____ Date: _____