RYS Player Registration Form Date: _____

ESSEX COUNTY TRAVEL TEAMS

(circle one) BOYS or GIRLS (circle one) U10 U12 U14 U16

Child's Last Name _____ First Name _____

Date of Birth _____ Age_____ Grade in Fall 2011: _____

Mother _____ Phone_____ Address_____

Father_____ Phone_____ Address_____

Medical Problems: _____

Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that we will abide by the rules of the RYS. Recognizing the risk of injury associated with soccer, I hereby release, discharge and/or otherwise indemnify RYS & its affiliated organizations, including the owners of fields against any claim by or on the behalf of the registrant as a result of the registrant's participation. Players behaving in a dangerous or disrespectful manner may be dismissed from the program immediately by RYS staff or coaches.

Name: _____ Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

As 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 life, limb, or well-being of my dependent.

Signature: _____ E MAIL ADDRESS: _____

$65 Registration Fee *Player fee…….$_____*

$35 New Uniform (includes shirt, shorts, socks) *Uniform fee……. $_____*

$15 late fee if received after Dec. 21, 20 *Late fee…..……... $_____*

TOTAL…… $_____

Make checks out to Rockport Youth Soccer

(STAFF ONLY below this line)

Cash $_____ ***Check #***_____ ***to* "Rockport Youth Soccer" amount: $**_____

Jersey paid_____ **Player has rec'd jersey**_____ **Jersey must be ordered: Size**____

1X1 in. photo_____ **Copy of birth certificate** _____ **Birth Cert. already on file**____

Completed forms with checks can be mailed to: RYS, PO Box 125, Rockport, MA 01966

We need sufficient numbers of coaches and players to guarantee all players a slot. Be sure to register.