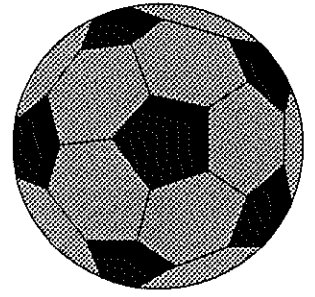


TRI-TOWN UNITED SOCCER CLUB REGISTRATION FORM



Date	League Name	Member Type	Date of Birth	Fee	Age Group
	BWNYJSL	Player			
Last Name		First Name	M. Initial	Age Group Desired	
Address			Town	State	Zip Code
School	Grade	Sex	E-Mail Address	Phone Number	
Father's Name		Father's Occupation	Business Phone Number		
Mother's Name		Mother's Occupation	Business Phone Number		
Person to Notify in Case of Emergency			Person to Notify Phone Number		
Doctor to Notify in Case of Emergency			Doctor's Phone Number		
List any Medical Problems or Prohibition Player has					Player Pass #

of Seasons Played Last Team Played On Last League Date of Last Season Played Coach

<p style="text-align: center;">Important</p> <p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>Print Name: _____</p> <p>Signature: X _____ Date: _____</p>	<p style="text-align: center;">Uniform Size</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Youth</td> <td style="text-align: center;">Adult</td> </tr> <tr> <td>Shirt</td> <td style="text-align: center;">L XL</td> <td style="text-align: center;">S M L XL</td> </tr> <tr> <td>Shorts</td> <td style="text-align: center;">L XL</td> <td style="text-align: center;">S M L XL</td> </tr> <tr> <td>Socks</td> <td style="text-align: center;">L XL</td> <td style="text-align: center;">S M L XL</td> </tr> </table> <p style="text-align: center;">Parental Support</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Coach</td> <td><input type="checkbox"/> Committee</td> </tr> <tr> <td><input type="checkbox"/> Ass't Coach</td> <td><input type="checkbox"/> Fund Raising</td> </tr> <tr> <td><input type="checkbox"/> Team Manager</td> <td><input type="checkbox"/> Special Projects</td> </tr> <tr> <td><input type="checkbox"/> Team Parent</td> <td><input type="checkbox"/> Field Prep</td> </tr> <tr> <td><input type="checkbox"/> Board Member</td> <td><input type="checkbox"/> Publicity</td> </tr> </table>		Youth	Adult	Shirt	L XL	S M L XL	Shorts	L XL	S M L XL	Socks	L XL	S M L XL	<input type="checkbox"/> Coach	<input type="checkbox"/> Committee	<input type="checkbox"/> Ass't Coach	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Field Prep	<input type="checkbox"/> Board Member	<input type="checkbox"/> Publicity
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<p style="text-align: center;">Consent for Medical Treatment (Minor)</p> <p>As the parent or legal guardian of the above named player, I hereby 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.</p> <p style="text-align: center;">Signature of Parent or Guardian</p> <p>X _____</p>	<p style="text-align: center;">Other Children from Family Presently in League</p> <p>_____ age _____</p> <p>_____ age _____</p> <p>_____ age _____</p> <p>_____ age _____</p>																						