



Holliston Youth Soccer Association Registration Form

Last Name

First Name

M/F

Birthdate

School

Grade

Primary Email Address

Home Phone

Street Address

Town

State

ZIP Code

Parent/Guardian #1

Mobile Phone #1

Parent/Guardian #2

Mobile Phone #2

Check Here if you are interesting in Volunteering

- Coach
- Assistant Coach
- Manager
- Equipment/Fields
- Other

Check Here if you are interesting in Volunteering

- Coach
- Assistant Coach
- Manager
- Equipment/Fields
- Other

Medical Issues (use back of form if required)

Person to Notify in Case of Emergency

Telephone Number

Doctor to Notify in Case of Emergency

Telephone Number

<p>Liability Waiver</p> <p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Holliston Youth Soccer Association, their affiliated organizations and sponsors (Club). I desire to have the registrant participate in the Soccer (Sport) programs and activities, including indoor/outdoor play, practices, clinics and matches (Programs) offered by said Club. Recognizing the possibility of physical injury associated with said Sport and the registrants participation in the Programs, and in consideration for the Club accepting the registrant for participation in the Programs, on behalf of myself and the registrant, I hereby release, discharge and/or otherwise indemnify the Club, their respective officers, directors, coaches, committees, employees and associated personnel, including the owner of fields and facilities utilized for the Programs, of and from any claim, demand, action, cause of action, suit or liability arising as a result of the registrant's participation in the Programs, including the transport of the registrant to or from the Programs, which transportation I hereby authorize.</p>	<p>Medical Permission/Waiver</p> <p>As parent or legal guardian of the minor named on this form, I hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Holliston Youth Soccer Association-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of the registrant, a minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.</p>
<p>_____ Name</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>_____ Name</p> <p>_____ Signature</p> <p>_____ Date</p>