Metrokids Youth Soccer League

Affiliated ENYYSA - USYSA - USSF - FIFA

Registration Form

PLAYER ☐ **COACH** ☐ **ASISTANT COACH** ☐ **MANAGER** ☐

INTRA ☐ **TRAVEL** ☐ **UNDER** ☐☐ **SEASON** ☐☐☐☐ - ☐☐☐☐

ID # ☐☐☐☐☐☐☐☐☐☐ **DATE** ☐☐/☐☐/☐☐☐☐ **PHOTO**

CLUB **SEX** F M

TEAM **D.O.B.** / /

FIRST NAME **LAST NAME**

ADDRESS

CITY **STATE** **ZIP CODE**

CELL PHONE **PARENTS OR PLAYER'S EMAIL**

FATHER'S NAME **CELL PHONE**

MOTHER'S NAME **CELL PHONE**

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS

LISTEN ANY ALLERGIES

MEDICATIONS BEING TAKEN

DOCTORS TO NOTIFY IN EMERGENCY **CELL PHONE**

This is to certify my son/daughter does not play for any other ENYYSA league or any other club of Metrokids Youth Soccer League or travel soccer club and commits to this team from the time of signing this form to August 31st of the calendar year (Sep. 1. to August 31) Any player loan and transfer should be done in the ENYYSA transfer form. Please be inform the after the coming August 31st of the registered year the player is no longer register with any club providing that the player does not have any holds from his club or suspensions by the Soccer Federation.

I, the parent guardian of the registrant a minor agree that I and the registrant will abide by the rules of the USYSA. It's affiliated organizations and sponsors. Recognizing the possibility of the physical injury associated with soccer and consideration for the USYSA accepting the registrant for it's soccer program and activities (the program) I hereby release, discharge and/or otherwise indemnity the USYSA. it's affiliated organizations and sponsor, their employeer and associated personnel, including the owners of the fields and facilities utilize for the behalf of the registrant as a result of registrants participations in the programs and/or being transported to or form the same. Which transportation I hereby authorize. By signing this form, the Parent Guardian and player agree to abide by the rules of ENYYSA and USYSA.

By signing as parent or guardian of the minor I agree that he or she has his or her own health insurance established by New York State law.

CONSENT FOR MEDICAL TREAMENT (MINOR)

As a parent or legal guardian of the above name player. I hereby give my consent for emergency medical care prescribed Doctor of Medicine or Dentistry. this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

PLAYER REGISTRATIONS FEE INSURANCE COVERAGE : ACCIDENT MEDICAL EXPENSES $300,000 WITH $500 DEDUCTIBLE, LIABILITY COVERAGE $2,000,000

Signature of Parent / Guardian _____ Print Name _____ / / Date

ATTACHE (2) ID-TYPE MOST RECENT PHOTO / APROVED SIGNATURE / KEEP A COPY