

# Raynham Youth Soccer

Affiliated with USYSA/MYSA

## Spring 2010 – In-town programs

Please print clearly and sign in boxes below.

Registration deadline: **February 26<sup>th</sup>**

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ **Copy of birth certificate is required for new players.** M \_\_\_ F \_\_\_

Mother's name: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Medical issues: \_\_\_\_\_

Emergency contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Raynham Youth Soccer, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for RYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify RYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 (Print):  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

**Consent for Medical Treatment**

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.

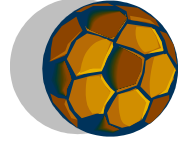
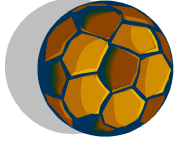
Name (Print):  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash  
\_\_\_\_\_

**Parents: We need volunteers to assist with the program. Are you willing to help out?**

\_\_\_\_\_



# *Hey Kids!*

## *Who wants to play spring soccer?*

Raynham Youth Soccer is now taking registrations for our spring in-town programs.

### **GrassHoppers**

An intro to soccer for pre-school kids born between 9/1/04 and 8/31/05.

Fee is \$45.

### **United League**

**U6** Born between 9/1/03 and 8/31/04. (Kindergarten)

**U8** Born between 9/1/01 and 8/31/03. (First & second grade)

Fee is \$55.

- ☺ Both programs will start at the beginning of April and run through June.
- ☺ Activities will be held on Sunday afternoons at the soccer fields at Borden Colony.
- ☺ Players new to RYS need to submit a copy of birth certificate.
- ☺ Registration deadline is **February 26<sup>th</sup>**.

You can register on-line by going to our website:

***[www.raynhamsoccer.com](http://www.raynhamsoccer.com)***

Or, you can send a completed registration form and fee to:

Raynham Youth Soccer  
P.O. Box 526  
Raynham, MA 02768

After you're registered, you will receive more information about the program (sometime in March).

Check out our website for program updates, answers to questions, and more information about all our programs.