



MORRISVILLE YOUTH SOCCER  
YOUTH PLAYER REGISTRATION & RELEASE FORM

(Please Print Clearly)  
(One Form per Player per Season)

MYS Use Only  
Paid (Yes/No) \_\_\_\_\_  
Cash/check # \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Season (circle one): Fall Indoor Spring

Player Name: \_\_\_\_\_ M/F \_\_\_ Grade \_\_\_ D.O.B. \_\_\_\_\_

Shirt size youth small youth medium youth large  
(circle one) adult small adult medium adult large other \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I am willing to volunteer to help with (circle at least one):

Coaching Registration Concession Stand Supervising Kids

Transportation Fundraising Teen Night Other \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Policy Number/Employer: \_\_\_\_\_

Known Allergies/Other Pertinent Medical Info: \_\_\_\_\_

Emergency contact info (other than Parent/Guardian)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify USYS/USSF, 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's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant \_\_\_\_\_ Morrisville Youth Soccer \_\_\_\_\_ and/or \_\_\_\_\_ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Morrisville Youth Soccer  
Forms with Payments to: PO BOX 1636

MORRISVILLE, VT 05661

Submit Inquiries To: [tomstames@morrisvilleyouthsoccer.com](mailto:tomstames@morrisvilleyouthsoccer.com)