

FYSA / MYSA / USYSA Registration Form
P.O. Box 525, Franklin, MA 02038

**Division
(circle one)**

Pee-Wee Instructional
In-House Travel

PLAYER INFORMATION:

Name: _____ Gender: M F

Address: _____

City, State, Zip: _____

Phone Number: _____ Date of Birth: _____

New player to In-House or Travel?

If so, please rate playing ability on the scale below: (please circle one)

1	2	3	4	5
beginner		intermediate		skilled

Pee-Wee Div: (3v3) U5 – Pee-Wee Division has 45 min. sessions on a weeknight; 6 week season

Instructional Div: (3v3) U6 – Instructional Division has 1 hour sessions on Saturdays;

(3v3) U7 – Sessions are ½ hour practices and ½ hour games;

(4v4) U8 – 10 week season

In-House Division:(5v5) U9/U10 – In-House Division play Saturday games - 10 week season

(6v6) U11/U12 – one practice night during the week;

(6v6) U13/U14 – Older-age leagues may be coed within the In-House Division

Travel Division: (6v6) U9 – Travel Division teams have two practices per week;

(6v6) U10 – Travel Division game schedules are set by the BAYS league;

(8v8) U11 – Games are played on Saturdays;

(8v8) U12 – ½ games are home and ½ games are away;

(11v11) U13 – Make-up games on weeknights or Sundays;

(11v11) U14 – 10 week season

(11v11) U16/U18 – The U16/U18 age group is a SPRING ONLY league

Pertinent Information:

Email Address: _____

Child's school: _____ **Grade in school(Fall-Spring):** _____

Parent/Guardian/Mother's Name: _____ Occupation: _____

Address _____ City _____ Zip _____ Phone _____

Parent/Guardian/Father's Name: _____ Occupation: _____

Address _____ City _____ Zip _____ Phone _____

LIABILITY WAIVER and CONSENT FOR MEDICAL TREATMENT:

I, the parent / guardian of the registrant, agree that I and the registrant 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 all fields and facilities utilized by the Programs, against any claim by or on the 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.

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.

Signature: _____ **Date:** _____

Medical needs/limitations/allergies? _____

Emergency Name & Phone: _____

Doctor to Notify in Emergency: _____ (Name & Phone #)

Coaching and Volunteering

With over 1600 children in the FYSA program, we expect all families to do their part in helping us to provide the highest-quality soccer experience we can. Please indicate your volunteering preferences below:

Name: _____ Phone: _____ Email: _____

I volunteer for the following (check one or both): Head Coach Assistant Coach

Do you have a soccer coaching license? Yes No If yes, what level? G F E D other _____

If no, please indicate any other soccer or coaching or related experience you do have?

Division would like to coach?	Instructional	In-House	Travel
Age group?	U6 U7 U8	U9 U10 U11 U12	U9 U10 U11 U12 U13 U14

Name: _____ Phone: _____ Email: _____

I will volunteer to help with the following activities (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Equipment
distribute equipment to coaches
collect equipment after each season and inventory

<input type="checkbox"/> Fields
Line the fields during the season
Paint and line machines supplied by FYSA
Prepare fields prior to each season; set up goals/nets

<input type="checkbox"/> Other – On-Call help as needed
Please note any special skills or talents (e.g. art, photography, carpentry, etc.): | <input type="checkbox"/> Skill Evaluation Sessions
assist at skill evaluation sessions for Travel Division

<input type="checkbox"/> Game day set up for each Division
Setting up equipment at start of day
Storing equipment at end of day

<input type="checkbox"/> Corporate Fundraising
Team sponsorships
Long-term projects (fields) |
|---|---|

UNIFORM INFORMATION:

Instructional: No cost for first jersey / \$20 for additional jerseys
 Requirements: shinguards, size 3 ball

In-House: The cost of the complete uniform set is \$40.
 Requirements: full uniform, cleats, shinguards, size 4 ball

Travel: Complete uniform set must be purchased for first time players. The cost of the uniform is \$40.
 Requirements: full uniform, cleats, shinguards, size 4 or 5 ball

Any uniform part may also be purchased separately
Travel - Shirt \$25.00, Shorts \$10.00, Socks \$5.00
In-House - Shirt \$25.00, Shorts \$10.00, Socks \$5.00
Instructional – Shirt \$25.00, Shorts \$10.00, Socks \$5.00

SHIRT: YM YL AS AM AL AXL	COST:
	\$ _____
SHORTS: YM YL AS AM AL AXL	\$ _____
SOCKS: Youth Intermediate Large	\$ <u>5.00</u>
SHINGUARDS: Pee-wee Youth Junior Adult	\$ <u>10.00</u>
BALL: Size 3 Size 4 Size 5	\$ <u>10.00</u>
CLEATS: (Youth sizes only)	
Sizes: 11 12 13 1 2 3 4	\$ <u>15.00</u>

REGISTRATION FEE (per child) \$ **45.00**

UNIFORM COST (if needed) \$ _____

LATE REGISTRATION FEE \$ _____
 (\$20.00 Late Fee, if applies – check website for late reg. date)

AMOUNT DUE =====> \$ _____ **cash**

TOTAL PAID =====> \$ _____ **check#**

BALANCE DUE =====> \$ _____

For office/director's use:

PAYMENT SUMMARY:

SPECIAL REQUESTS: As our program has grown, it has become increasingly difficult to support the large numbers of special requests that have been made in recent seasons. Therefore, we can no longer accept special requests for player placement. If you feel you truly have special circumstances, then please contact the Club Administrator at info@franklinyouthsoccer.org. Thank you for your understanding