



Mariner Youth Soccer Club

PO Box 958, Mattapoisett, MA 02739

www.marinersoccer.org

email: fallsoccer@marinersoccer.org

MYSC / MYSA / USUSA Registration Form – Fall 2008

Registration is from April through June 30th

Name: _____
Address: _____
Home Phone: _____
E-Mail: _____
Birthdate MM/DD/Year: _____
Male/Female: _____

MYSC Use Only
Date
Amount
Rec'd By
Check
Birth Cert.

Person to notify in case of emergency while child is on the field: _____
Cell Phone: _____

Medical Problems? _____

_____	_____	_____	_____
Mother's Name	Home #	Work #	Cell #
_____	_____	_____	_____
Father's Name	Home #	Work #	Cell #

HELP OUT OUR SOCCER CLUB

Mariner is a volunteer organization. It is only with the help of parents that we are able to provide a fall program for all soccer players. Please check off how you can help our organization:

- Head Coach
 Initial Field Setup
 Fundraising
 Assistant Coach
 Merchandising
 Other

I, the parent/guardian of the registrant, a minor, 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 program 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 fields and facilities utilized for 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. I also agree to the Registration Rules found on the back of this form.

Signature

Consent for Medical Treatment, Minor
As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by duly licensed Doctor of Medical 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

REGISTRATION RULES – FALL 2008

Residency: Mariner Youth Soccer Club serves the towns of Acushnet, Fairhaven, Marion, Mattapoisett, and Rochester. It is required that you be resident of one of these towns.

Age: The youngest age group is Under 5 and includes boys and girls who are 4 years old by July 31st, 2008.

Registration Checklist:

- ✓ Please sign the two (medical and liability) release areas on the front of this form
- ✓ Volunteers needed - Make sure you have checked off how you will help out Mariner during the season
- ✓ **First Time players** – a photocopy of the player's birth certificate or passport must be included with registration. The photocopy will not be returned.
- ✓ Registrations received after June 30th will be placed on a waiting list.

Fees: Please enclose the following fees (per player):

1st Child \$80
2nd Child \$70
3rd Child \$60
4th Child \$50

These fees include a team soccer shirt, soccer socks, Pre-Season Kickoff Event, and Free Fall Academy

Refund Policy

100% prior to August 1st
50 % prior to September 1st
No Refunds after September 1st
Request to withdraw must be in writing

Ways to Complete Registration:

- Online registration - www.marinersoccer.org
- Download the fall application form, print and mail it in with payment to PO Box 958, Mattapoisett, MA 02739
- Contact us by email at fallSoccer@marinersoccer.org

VISIT OUR WEBSITE www.marinersoccer.org
for general information. Team Rosters, coaches and schedules will
be available prior to the start of the season.

Contact us by email at: fallsoccer@marinersoccer.org