



# Manchester Angels Youth Soccer League

PO Box 4673 • Manchester, NH • 03101-4673 • www.maysl.org

## PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 City/Town: \_\_\_\_\_ ZIP \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Player or Parent E-mail Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 Number of Prior Seasons Played: \_\_\_\_\_ Name of League and Last Season Played: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Travel or High School Level of Play: \_\_\_\_\_  
 What School Do You Attend? \_\_\_\_\_  
 Any Conflicting Activities in the Spring? \_\_\_\_\_  
 U-14 Division or Higher Only: What Positions Do You Play?  Forward  Midfield  Defense  Goalie

## PARENT & MEDICAL INFORMATION

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 List any Medical Problems or Prohibitions Player Has: \_\_\_\_\_  
 \_\_\_\_\_  
 Person to Notify in Case of Emergency: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Doctor to Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

## LEGAL RELEASE

I, the parent/guardian of the registrant if a minor, or the player if over the age of 18 agree that I and the registrant will abide by the rules and regulations of the USYSA and MAYSL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MAYSL accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA and MAYSL, 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 as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I do hereby authorize.

NAME: \_\_\_\_\_  
 Parent / Legal Guardian or Player if over the age of 18 years (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian, or the registrant if over the age of 18, 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 the life, limb, or well-being of the registrant.

\_\_\_\_\_  
 Signature of Parent / Guardian or Adult Registrant

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Bus/Cell: \_\_\_\_\_

### VOLUNTEER INFORMATION

We ask for active participation of all parents in our program. Please check any and all areas that you would be willing to participate.

Coach  Re-Lining the Fields  
 Asst. Coach  Referee  
 Team Parent  Sponsor  
 Board Member

OFFICIAL USE ONLY Birth Date Verified  Yes  No

Registration Fee: Please make all Checks Payable to MAYSL

Total: \$ \_\_\_\_\_ Received by: \_\_\_\_\_  
 Cash  Check No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_.