



**PLEASE CONSIDER USING ONLINE REGISTRATION at
www.MansfieldYouthSoccer.com**



MANSFIELD YOUTH SOCCER

P. O Box 1053, Mansfield, MA 02048-1053 (508-339-2757)

PLAYER INFORMATION

Player's Name: _____ Last Name: _____
 Family email: _____
 Street Address: _____, Mansfield, MA 02048
 Home Phone: () - _____ - _____ Please check(X) here if this is a new address/phone# ().
 Male() Female() DOB Month _____ Day _____ Year _____

I am registering my child to play Intown () OR Travel() for Fall 2010
 My child will be in _____ grade during the above registering session.
 My child has previously played with Mansfield Youth Soccer? NO ()
 Yes () -the most recent session: Fall () or Spring () 20____; Intown() or Travel() ?

PARENT VOLUNTEER SUPPORT

This is a Parent Volunteer Organization and we need all parents to help make this program successful. Please check areas in which you can participate:

- () Coach with _____ () Field Prep. () Website () Fund Raising
- () Asst. Coach w/ _____ () Equipment Prep. () Newsletter () Concession Stand
- () Board Member () Special Projects () Referee (Includes any player aged 11 and older.)

Volunteer's Name: _____ DOB: _____

Parent Payment Information Date: _____

Fees: U5 \$65.00 Intown U6 - U14 \$85 Travel \$95

Family max \$250.00 (Cost of uniform not included in family max)

Please be sure to enclose uniform payment.

Late fee: \$25 per player after 6/15/10

Paying by check # _____ for the amount of \$ _____ **No cash allowed!**

(The Cancelled Check is your receipt). Total # of family players - Intown #()/Road #().

Parent/Guardian's Authorization to Participate

I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 of 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 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.

Parent/Guardian's Consent for Medical Treatment

As Parent or Legal Guardian of the above-named player, I further 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. My signature below signifies my agreement to abide by the aforementioned statements regarding the registrant's participation in USYSA soccer programs:

Please **print** parent name

Parent /Guardian **Signature**

UNIFORM INFORMATION – Page 2

Player's Name: _____ Last Name: _____

Requested Jersey Number for returning travel players: _____

U5 Players ONLY who have never played Mansfield Youth Soccer before receive their uniforms free of charge. All others will need to pay for a replacement.. Uniforms shirts run SMALL. Please select size accordingly.

Cost for REPLACEMENT Pieces: Shirts \$13 Shorts \$8

Please select SHIRT SIZE.

Please select SHORTS SIZE(socks included)

Youth Med comparable to size 6-8 <input type="checkbox"/>	Youth Small comparable to size 6 <input type="checkbox"/>
Youth Large comparable to size 8-10 <input type="checkbox"/>	Youth Med comparable to size 8 <input type="checkbox"/>
Adult Small comparable to size 10-12 <input type="checkbox"/>	Youth Large comparable to size 10 <input type="checkbox"/>
Adult Med comparable to size 14-16 <input type="checkbox"/>	Adult Small comparable to size 12 <input type="checkbox"/>
Adult Large comparable to size 18 <input type="checkbox"/>	Adult Med comparable to size 14 <input type="checkbox"/>
Adult XL comparable to size 20 <input type="checkbox"/>	Adult Large comparable to size 16 <input type="checkbox"/>
	Adult XL comparable to size 18 <input type="checkbox"/>

TRAVEL UNIFORMS If you need a replacement please place your order below. If you are registering for the waiting list DO NOT order a uniform at this time.

Travel Shirt \$30 Travel Shorts/socks \$19

Jersey # for returning travel players: _____

Sizes are based on US sizing charts.

Please select SHIRT SIZE accordingly.

Please select SHORTS SIZE accordingly.

Youth Small <input type="checkbox"/>	Youth Small <input type="checkbox"/>
Youth Med <input type="checkbox"/>	Youth Med <input type="checkbox"/>
Youth Large <input type="checkbox"/>	Youth Large <input type="checkbox"/>
Adult Small <input type="checkbox"/>	Adult Small <input type="checkbox"/>
Adult Med <input type="checkbox"/>	Adult Med <input type="checkbox"/>
Adult Large <input type="checkbox"/>	Adult Large <input type="checkbox"/>
Adult XL <input type="checkbox"/>	Adult XL <input type="checkbox"/>