

NEW ENGLAND FUTSAL

YOUTH PLAYER REGISTRATION

CURRENT USYSA/AYSO REGISTRATION # _____ NONE _____

(please print firmly and legibly to make clear multiple copies)

1 LAST NAME _____ FIRST NAME _____ MI _____ SEX _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ TELEPHONE _____ BIRTHDATE _____
month day year

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

FATHER'S EMAIL _____ MOTHER'S EMAIL _____

2 LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS _____

DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE _____

PERSON TO NOTIFY IN EMERGENCY _____ PHONE _____

SHIRT SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L SHORTS SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L

FUTSAL (INDOOR SOCCER) EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

OUTDOOR SOCCER EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP

(COACH) (ASS'T COACH) (BOARD MEMBER) (REFEREE) (PUBLICITY) (TEAM PARENT)
 (FUND RAISING) (TELEPHONE) (EQUIPMENT) (SCOREKEEPER) (OTHER) _____

check if 514 Girl Registration preferring "All Girls" Team Assignment.

3 CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or Legal Guardian of the above named player, I hereby give 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 my dependent

Signature of Parent or Legal Guardian _____

Address _____

City _____ Zip _____

4 I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NEFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the NEFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the NEFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums 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 hereby authorize

Name _____
 Parent/Legal Guardian (please print)

Signature _____ Date _____

OFFICIAL USE

BIRTH DATE VERIFIED YES ___ NO ___

COMMENT _____

_____ VERIFIED BY _____

REGISTRATION FEE \$ _____

AMOUNT PAID \$ _____

CASH ___ CHECK # _____