



*Forest Lake
Soccer Association*

P.O. Box 442
Forest Lake, MN 55025
www.forestlakesoccer.org

PLAYER REGISTRATION – Fall/Winter Clinic 2010

LAST NAME: _____ FIRST NAME _____ MI _____

MALE FEMALE BIRTHDATE: ____/____/____ Age: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

FATHER'S NAME: _____ WORK #: _____
Last First

MOTHER'S NAME: _____ WORK #: _____
Last First

Total Registration Fee: \$ _____

CONSENT FOR MEDICAL TREATMENT:

As the parent or legal guardian of a participant in USYSA-MYSA programs, I hereby give my consent for 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 child.

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, 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 hereby authorize.

Parent or Legal Guardian: _____

Date: _____