



Taunton Youth Soccer League

Fall Registration Form



[Please Print]

circle one: **MALE** **FEMALE**

_____ *Last Name* _____ *First Name* _____ *MI* _____ *BirthDate mo/day/yr*

_____ *Address* _____ *City/Town*

_____ *State* _____ *Zip Code* _____ *Phone Number* _____ *e-mail (circle whose address :) child's, mom's, dad's*

_____ *Mother's Name* _____ *Father's Name*

_____ *Medical Problems?*

_____ *Person to Notify in Emergency (name & phone #)*

_____ *Doctor to Notify in Emergency (name & phone #)*

_____ *School child will be at in September 2018* _____ *Grade* _____ *Cell phone Number of parent/guardian*

- * Fees Pre K-8th Grade: \$130 for 1st child; \$210 for 2 children; \$265 for 3 children; 4th child is free;
- * Please be aware that there is **NO REFUNDS** once the registration has been processed. You will receive your raffles at the first practice. If for whatever reason your child chooses not to play, he/she can recoup their money by selling their raffles.
- * Please be aware that TYSL is a **NO REQUEST** league. No Request means – you can not pick your coach, players or team to be on. It also applies to coaches requesting players. Siblings will be the **ONLY** exception (if in the same playing group).

I, the parent/guardian of the registrant, a minor, agree that **I and the registrant will abide by the rules of Taunton Youth Soccer League**, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the TYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby: release, discharge and/or otherwise indemnify TYSL, its volunteers, 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/from the same, which transportation I hereby authorize.

Name (print): _____

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 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.

Name (print): _____

Signature: _____

For TYSL / Registrar's use:

\$ _____ Cash Check [#: _____]

Date Rec'd: _____

A \$25 late fee for any registration done on or after August 1st.

If returning by mail, send to: TYSL Registrar
PO Box 428
Taunton, MA 02780

If you have any question please email info@tysl.us