

# REGISTRATION for 2010-11 (Fall 2010/Spring 2011)

PO Box 237  
Hull MA 02046



## Program by Age Group:

### TRAVEL SOCCER:

		FEE for League	FEE for Socks	FEE for Uniform
<input type="checkbox"/> Guppy: Preschool	[Fall and Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> N/A*	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U6: Born between 8/1/2004 and 7/31/2006	[Fall and Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> N/A*	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U8: Born between 8/1/2002 and 7/31/2004	[Fall and Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> N/A*	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U10: Born between 8/1/2000 and 7/31/2002	[Fall and Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> N/A*	<input checked="" type="checkbox"/> Included

### PLEASE NOTE:

The single fee shown above is full payment for both the Fall and Spring soccer seasons. A sibling discount of \$10 for each additional sibling participating in the In-Town program only [there is no discount for travel].

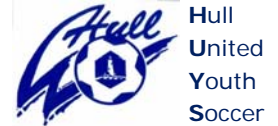
Any U10 player wishing to participate in the travel program during the SPRING season only, must pay the U10 Travel League FEE shown on the Travel Registration form. The league fee shown therein for U10 is the additional fee to bridge a paid U10 in-town player, to the spring U10 travel program.

<b>PLAYER(S) INFORMATION:</b>				<b>Fees owed/being paid:</b>				
First Name	Last Name	M/F	Date of Birth	League	Socks	Uniform	\$ Due	\$ Paid
Player A _____	_____		/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player B _____	_____		/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player C _____	_____		/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player D _____	_____		/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
<b>Person to Notify in Emergency:</b> _____				<b>Phone:</b> _____				
<b>Doctor to Notify in Emergency:</b> _____				<b>Phone:</b> _____				

<b>PARENT / GUARDIAN INFORMATION</b>			
First Name	Last Name	Phone (home):	Phone (cell):
Mother _____	_____	_____	_____
Father _____	_____	_____	_____
Address: _____			
Email: _____			
Email: _____			
<b>ASK YOURSELF:</b> Am I willing to Volunteer or Coach? YES / NO (circle one) If so, who is willing?			
At what age level?		In what capacity?	
<b>RELEASE AND RULES COMPLIANCE</b>			
<p>I, the parent/guardian of the registrant(s), a minor(s), agree that I and the registrant(s) will abide by the rules of the USYSA (and MYSA and HUYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA (and MYSA and HUYS) accepting the registrant(s) for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the USYSA (and MYSA and HUYS), its affiliated organizations and sponsors, their employees, associated personnel and volunteers, including the owners of fields and facilities utilized for the registrant(s)'s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>As parent/guardian of the child(ren) listed here, I hereby waive, release, indemnify and agree to hold harmless Hull United Youth Soccer (HUYS) and its organizers, employees, volunteers, sponsors and participants for any and all claims of any nature, whatsoever, for injuries and consequential damages which may be sustained by the child arising out of or in the course of participation in this program.</p>		<p><b>CONSENT FOR MEDICAL TREATMENT</b></p> <p>As parent/guardian of the child(ren) listed here, 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 save the life of the child(ren) listed here.</p> <p><b>CONSENT SIGNATURE:</b></p>	
<b>COMPLIANCE SIGNATURE:</b> _____			

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## Program by Age Group:

### TRAVEL SOCCER:

- U10: Born between 8/1/2000 and 7/31/2002 [Spring only]
- U12: Born between 8/1/1998 and 7/31/2000 [Fall and Spring]
- U14: Born between 8/1/1996 and 7/31/1998 [Fall and Spring]

FEE for League	FEE for Socks	FEE for Uniform
<input type="checkbox"/> FEE: \$65	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> FEE: \$130	<input checked="" type="checkbox"/> N/A*	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> FEE: \$130	<input checked="" type="checkbox"/> N/A*	<input type="checkbox"/> FEE: \$25

PLEASE NOTE:

All U10 players are eligible to participate in the travel program during the SPRING season only, pursuant to the fee shown above. The league fee shown above for U10 is the additional fee to bridge a paid U10 in-town player, to the spring U10 travel program. Any player who had not previously paid the U10 in-town fee, who now wishes to participate in the Spring U10 Travel program, is required to pay both the full U10 in-town league fee and U10 travel league fee.

U12 and U14 teams travel in both FALL and SPRING, for the single League fee shown above. U12 and U14 players must purchase a uniform, which they will own.

\*NOTE: Socks are a mandatory part fo the uniform, but can be retained and used by players from year to year. If any U12 or U14 player wishes to purchase a new pair of socks, they are available for purchase for the fee of \$5/pair before or during the season from any HUYS Coach or Board Member.

<b>PLAYER(S) INFORMATION:</b>				<b>Fees owed/being paid:</b>				
First Name	Last Name	M/F	Date of Birth	League	Socks	Uniform	\$ Due	\$ Paid
Player A			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player B			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player C			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player D			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
<b>Person to Notify in Emergency:</b> _____				<b>Phone:</b> _____				
<b>Doctor to Notify in Emergency:</b> _____				<b>Phone:</b> _____				

<b>PARENT / GUARDIAN INFORMATION</b>			
First Name	Last Name	Phone (home):	Phone (cell):
<b>Mother</b>	_____	_____	_____
<b>Father</b>	_____	_____	_____
<b>Address:</b> _____			
<b>Email:</b> [Grid]			
<b>Email:</b> [Grid]			
<b>ASK YOURSELF:</b> Am I willing to Volunteer or Coach? YES / NO (circle one) If so, who is willing?			
At what age level?		In what capacity?	

<b>RELEASE AND RULES COMPLIANCE</b>	<b>CONSENT FOR MEDICAL TREATMENT</b>
I, the parent/guardian of the registrant(s), a minor(s), agree that I and the registrant(s) will abide by the rules of the USYSA (and MYSYA and HUYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA (and MYSYA and HUYS) accepting the registrant(s) for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the USYSA (and MYSYA and HUYS), its affiliated organizations and sponsors, their employees, associated personnel and volunteers, including the owners of fields and facilities utilized for the registrant(s)'s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.	As parent/guardian of the child(ren) listed here, 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
As parent/guardian of the child(ren) listed here, I hereby waive, release, indemnify and agree to hold harmless Hull United Youth Soccer (HUYS) and its organizers, employees, volunteers, sponsors and participants for any and all claims of any nature, whatsoever, for injuries and consequential damages which may be sustained by the child arising out of or in the course of participation in this program.	<b>CONSENT SIGNATURE:</b> _____
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## Program by Age Group:

### TRAVEL SOCCER:

- U16: Born between 8/1/1994 and 7/31/1996 [Spring, pool only]
- U18: Born between 8/1/1992 and 7/31/1994 [Spring, pool only]
- U19: Born between 8/1/1991 and 7/31/1992 [Spring, pool only]

FEE for League	FEE for Socks	FEE for Uniform
<input type="checkbox"/> FEE: \$115	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> FEE: \$115	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> FEE: \$115	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25

PLEASE NOTE Regarding roster limitations for all High School age teams:

The Coastal Youth Soccer League (CYSL) allows rosters of High School age teams to exceed 18 players for regular season game play, but the Massachusetts Tournament of Champions (MTOC) does NOT. As a result, and because High School age players often have a number of competing interests which often makes their presence at all soccer events somewhat inconsistent, HUYS (and neighboring towns who pool players) INTEND to carry more than 18 players on such CYSL league play rosters. However, should any such team be required to submit an MTOC roster, limited to 18 players only, HUYS (and neighboring towns who pool players) WILL DO SO and any such roster adjustments, when made, will not be subject to complaint or protest by either player or parent. HUYS may use the coach's discretion alone as the sole factor in any such roster adjustments. Fees paid as stipulated herein WILL NOT be reduced or returned as a result of any such playogg roster adjustments.

<b>PLAYER(S) INFORMATION:</b>				<b>Fees owed/being paid:</b>				
First Name	Last Name	M/F	Date of Birth	League	Socks	Uniform	\$ Due	\$ Paid
Player A			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player B			/ /					
[Use back of page to describe any medical issues to be aware of.]			<b>Shorts:</b> YS YM YL AS AM AL AX	<b>Shirt:</b> YS YM YL AS AM AL AX			<i>(circle one)</i>	
Player C			/ /					
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Player D			/ /					
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<b>PARENT / GUARDIAN INFORMATION</b>			
First Name	Last Name	Phone (home):	Phone (cell):
<b>Mother</b>	_____	_____	_____
<b>Father</b>	_____	_____	_____
<b>Address:</b> _____			
<b>Email:</b> [Grid]			
<b>Email:</b> [Grid]			
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<b>COMPLIANCE SIGNATURE:</b> _____	