

REGISTRATION for 2009-10 (Fall 2009/Spring 2010)

PO Box 237
Hull MA 02046



Hull
United
Youth
Soccer

Program by Age Group:

IN-TOWN SOCCER:

		FEE for League	FEE for Socks	FEE for Uniform
<input type="checkbox"/> Guppie (Preschool)	[Fall & Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U6: Born between 8/1/2003 and 7/31/2005	[Fall & Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U8: Born between 8/1/2001 and 7/31/2003	[Fall & Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U10: Born between 8/1/1999 and 7/31/2001	[Fall & Spring]	<input type="checkbox"/> FEE: \$80	<input checked="" type="checkbox"/> Included	<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.

PLAYER(S) INFORMATION:

Fees owed/being paid:

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.				Shorts: YS YM YL AS AM AL AX		Shirt: YS YM YL AS AM AL AX		
Player B			/ /					
Use back of page to describe any medical issues to be aware of.				Shorts: YS YM YL AS AM AL AX		Shirt: YS YM YL AS AM AL AX		
Player C			/ /					
Use back of page to describe any medical issues to be aware of.				Shorts: YS YM YL AS AM AL AX		Shirt: YS YM YL AS AM AL AX		

Person to Notify in Emergency: _____ Phone: _____
 Doctor to Notify in Emergency: _____ Phone: _____

PARENT / GUARDIAN INFORMATION

Mother Father

First Name _____
 Last Name _____
 Phone (H): _____
 Phone (C): _____
 Address: _____
 Email: _____

ASK YOURSELF: Am I willing to Coach?

If so, who is willing? _____
 At what age level? _____

ASK YOURSELF: Am I willing to Volunteer?

If so, who is willing? _____
 In what capacity? _____

RELEASE AND RULES COMPLIANCE

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.

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.

SIGNATURE: _____

CONSENT FOR MEDICAL TREATMENT

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.

SIGNATURE: _____

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Program by Age Group:

TRAVEL SOCCER:

		FEE for League	FEE for Socks	FEE for Uniform
<input type="checkbox"/> U10: Born between 8/1/1999 and 7/31/2001	[Spring only]	<input type="checkbox"/> FEE: \$65	<input checked="" type="checkbox"/> Included	<input checked="" type="checkbox"/> Included
<input type="checkbox"/> U12: Born between 8/1/1997 and 7/31/1999	[Fall & Spring]	<input type="checkbox"/> FEE: \$130	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> U14: Born between 8/1/1995 and 7/31/1997	[Fall & Spring]	<input type="checkbox"/> FEE: \$130	<input type="checkbox"/> FEE: \$5	<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.

HUYS U12 and U14 teams travel in both FALL and SPRING, for the single League fee shown above. U12 and U14 players will be required to purchase a uniform, which that player will thereafter own. Socks are a mandatory part fo the uniform and are available for purchase for the fee shown above.

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

PARENT / GUARDIAN INFORMATION

Mother	Father	
First Name _____	_____	<p style="text-align: center;">RELEASE AND RULES COMPLIANCE</p> <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 style="text-align: center;">SIGNATURE: _____</p> <hr/> <p style="text-align: center;">CONSENT FOR MEDICAL TREATMENT</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 preserve life, limb, or well-being of my dependent.</p> <p style="text-align: center;">SIGNATURE: _____</p>
Last Name _____	_____	
Phone (H): _____	_____	
Phone (C): _____	_____	
Address: _____	_____	
Email: _____	_____	
<p>ASK YOURSELF: Am I willing to Coach?</p> <p>If so, who is willing? _____</p> <p>At what age level? _____</p> <p>ASK YOURSELF: Am I willing to Volunteer?</p> <p>If so, who is willing? _____</p> <p>In what capacity? _____</p>		

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TRAVEL SOCCER:

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<input type="checkbox"/> U16: Born between 8/1/1993 and 7/31/1995	[Spring only]	<input type="checkbox"/> FEE: \$115	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> U18: Born between 8/1/1991 and 7/31/1993	[Spr., pool only]	<input type="checkbox"/> FEE: \$115	<input type="checkbox"/> FEE: \$5	<input type="checkbox"/> FEE: \$25
<input type="checkbox"/> U19: Born between 8/1/1990 and 7/31/1991	[Spr., pool only]	<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 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 roster adjustments.

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Fees owed/being paid:

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Use back of page to describe any medical issues to be aware of.				Shorts: YS YM YL AS AM AL AX		Shirt: YS YM YL AS AM AL AX		
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 Last Name _____
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