

# Western Mountain Youth Soccer Association Indoor Soccer Program Spring 2019

FULL NAME	Gender	Birthdate	Grade	School	Jersey (add \$18)	Registration Fee	Total Due \$\$
					None YS YM YL AS AM AL AXL	\$25	
					None YS YM YL AS AM AL AXL	\$25	
					None YS YM YL AS AM AL AXL	\$25	
					None YS YM YL AS AM AL AXL	\$25	
					None YS YM YL AS AM AL AXL	\$25	
PLEASE note medical concerns on back!!						<b>TOTAL DUE</b>	

## CONTACT INFORMATION

Address - Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ EMail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ EMail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## LIABILITY RELEASE

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the Western Mountain Youth Soccer Association, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed upon that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

**CONSENT TO TREAT** - I hereby give my consent to the above applicant to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Western Mountain Youth Soccer Association provides no medical insurance for such treatment, and that the cost hereof will be at my expense. The location and date of the activity or the nature of the illness or injury, may require the use of emergency personnel.

## PHOTO RELEASE

I agree that my child's name may appear on the WMYSA web site. I further understand and agree that photographs of my child may be used on the web site. I also understand that my child's photograph may appear on advertising materials for WMYSA.

**I have read and understood the foregoing registration, internet and photo release, liability release form, parental consent and consent to treat and agree to all their terms and conditions.**

\_\_\_\_\_  
(PARENT - Printed Name)

\_\_\_\_\_  
(PARENT - Signature)

\_\_\_\_\_  
(Date)



Please BRING TO SOCCER ON 2/24 or mail to Angel Allen, 783A River Road, Avon, ME 04966 - **MUST BE RECEIVED BY FEBRUARY 24, 2019.**