

Medfield Youth Soccer  
2008 TOPSoccer Registration Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary disability: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(if not parent)

Doctor to notify in emergency: \_\_\_\_\_

*I, The Parent/Guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Medfield Youth Soccer (MYS), and US Youth Soccer. Recognizing the possibility of physical injury associated with soccer and it consideration for the MYS accepting the registrant into its program, I hereby release, discharge and/or otherwise indemnify the MYS, its coaches, administrators and any affiliated organizations, including 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.*

*As Parent/Legal Guardian of the above named registrant, I certify that the above information is correct and complete and in particular that I am liable for any emergency medical care expenses. 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 (me or) my dependent.*

Signature:

Date:

Please include a small, "head shot" photo of player and mail to:

Dorrie Kanter  
10 Green Street #14  
Medfield, MA 02052

