

SOUTH WEST YOUTH SOCCER LEAGUE  
REGISTRATION FORM

Please Print

LAST NAME: _____ FIRST NAME: _____ ADDRESS: _____ ZIP CODE: _____ MOTHER'S NAME: _____ CELL NUMBER: _____ FATHER'S NAME: _____ CELL NUMBER: _____ HOME NUMBER: _____ E-MAIL: _____ AGE: _____ BIRTHDATE: _____ GRADE: _____ SEX: M F Will your child be entering Kindergarten, 3 <sup>rd</sup> , 6 <sup>th</sup> , or 9 <sup>th</sup> grade in the fall? Yes No If yes and you are a <u>returning</u> player, do you want your child to move up to the next division this season? (Applicable spring season only) Yes No Is the player new to SWYSL? If yes, previous league played on: _____ Last season played: _____ Last Team: _____ Do you wish to return to the same team (if eligible)? Yes No Uniform: Yes / No Jersey Size: YXS YS YM YL AS AM AL AXL AXXL      Sock Size:      Jersey Number Short Size: YXS YS YM YL AS AM AL AXL AXXL      S M L _____,_____,_____ List any medical problems or prohibition that the player has: _____ _____ Emergency Contact: _____ Phone: _____	<p><b>FOR LEAGUE USE ONLY</b></p> <p><b>Registration Fee:</b> Cash Check Card Amt. Owed: _____ Amt Pd: _____ Balance Due _____ Sibling/Team:</p> <p><b>TINY TOTS</b> <b>PREPS</b> <b>JUNIORS</b> <b>MIDDLE SCHOOL</b> <b>HIGH SCHOOL</b></p> <p>Team Assignment:</p>
---	--

IMPORTANT-PLEASE READ

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors, and SWYSL. Recognizing the possibility of physical injuries associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer its affiliated organizations and sponsors, SWYSL, their employees, associated staff, and volunteers, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to and from the same, which transportation I hereby authorize. As the parent/guardian of the above named player, I hereby give consent for emergency medical prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>Photo/Video Release</b></p> <p>I hereby give permission for images of my child captured during regular and special league games and activities through video, photo, and digital camera to be used solely for the purpose of SWYSL promotional activities and website and waive the rights of compensation or ownership thereto.</p> <p>Parent/Guardian Signature: _____</p>	<p style="text-align: center;"><b>Volunteer fee Refund Requirement</b></p> <p>Please Circle any and all volunteer roles that you are interested in (or circle NO to forfeit the fee).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Coach</td> <td style="width: 50%;">Field Preparation</td> </tr> <tr> <td>Assistant Coach</td> <td>Special Projects</td> </tr> <tr> <td>Team Parent</td> <td>Board Member</td> </tr> <tr> <td>Concession Stand</td> <td>NO</td> </tr> </table>	Coach	Field Preparation	Assistant Coach	Special Projects	Team Parent	Board Member	Concession Stand	NO
Coach	Field Preparation								
Assistant Coach	Special Projects								
Team Parent	Board Member								
Concession Stand	NO								