



# Southbridge Youth Soccer Association Registration – By Mail

**For secure online registration, please visit the SYSA**

**Website: [www.southbridgesoccer.org](http://www.southbridgesoccer.org)**

Season (check one):  Fall Soccer  Spring Soccer

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (circle one) Male/Female

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Player Shirt Size (circle one): **Youth** S M L XL **Adult** S M L XL First Time player?  YES  NO

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact Name (other than parent) and Phone Number: \_\_\_\_\_

Are you able to help SYSA with any of the following? (circle):

Concession Sales    Coaching/Assistant Coaching    Fundraising    Event Planning    Field Maintenance

Other: \_\_\_\_\_

**In-Town Program for ages 4.5 – 8 years\*: \$40**

Register by: March 24 (Spring Soccer) or August 24 (Fall Soccer)

Late Fee: Add \$10 if registering after season deadline

Other: SYSA provides a t-shirt; players must also have shin guards. Cleats are optional but recommended.

\*See second page for  
Fall 2011/Spring 2012  
Mass Youth Soccer  
age groupings

**Travel Program for ages 8 and up\*: \$70**

Register by: January 15 (Spring Soccer) or July 15 (Fall Soccer)

Late Fee: Add \$20 if registering after season deadline

Other: Uniform is required. The SYSA uniform (jersey, shorts and socks) may be purchased for \$30 or the player may pay a seasonal user fee (\$10). Players who pay the user fee must return the uniform at the end of the season. Shin guards and cleats are required.

**Mail Form and Fee to:**

Southbridge Youth  
Soccer

P.O. Box 276

Southbridge, MA 01550

**There is a \$5 sibling discount and a capped *family* payment of \$135 per season.**

**Placement is subject to team availability and Southbridge Soccer bylaws. Registrations received after the deadlines listed above may be placed on a waitlist.**

Mass Youth Soccer Age groupings September 1, 2011 – August 31, 2012

U6 (In-Town) = DOB 8/1/05 – 7/31/07

U8 (In-Town) = DOB 8/1/03 – 7/31/05

U10 (Travel) = DOB 8/1/01 – 7/31/03

U12 (Travel) = DOB 8/1/99 – 7/31/01

U14 (Travel) = DOB 8/1/97 – 7/31/99

U16 (Travel) = DOB 8/1/95 - 7/31/97

**Release and Consent for Medical Treatment of a Minor**

I, the parent/guardian of the above named registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, Mass Youth Soccer, Southbridge Youth Soccer Association and their affiliates. Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer/Mass Youth Soccer/Southbridge Youth Soccer Association accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and otherwise indemnify US Youth Soccer/Mass Youth Soccer/ Southbridge Youth Soccer Association, sponsors and affiliates, their employees and personnel, including owners of the fields and facilities utilized for the programs, against and claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which is transportation I hereby authorize.

As parent/legal guardian of the above names player, I hereby give my consent for emergence 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 the well being of my dependent.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SYSA USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Amt: \_\_\_\_\_ Cash                      Check                      Form Only