



Saratoga-Wilton Youth Soccer Club
PO Box 2459
Wilton, NY 12831

2009-2010 TRY-OUT/TEAM PLACEMENT PRE-REGISTRATION

Boys/Girls U-_____

Players Name _____ DOB _____ AGE (On 7/31/09) _____

Address _____

City/Zip _____ Home Phone _____ M/F (Circle one)

Special Health Concerns (Allergies/ Injuries...) _____

Winter / School Activities that may conflict with INDOOR soccer commitment: (List All)

Spring / School Activities that may conflict with OUTDOOR soccer commitment: (List All)

Player is Committed to Play: INDOOR ONLY: _____ OUTDOOR ONLY: _____ BOTH: _____

Parent Name(s) _____

Parent Address (If Different from Child) _____

Parent Cell Phone: _____

Parent E-Mail: _____

Parent Signature: _____ Date _____

BY SIGNING ABOVE, I, THE PARENT / GUARDIAN OF THE REGISTRANT, WHO IS A MINOR, AGREE THAT THE REGISTRANT AND I WILL ABIDE BY THE RULES OF THE USYSA, ITS AFFILIATED ORGANIZATIONS AND SPONSORS. I RECOGNIZE THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USYSA ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAM AND ACTIVITIES, I HEREBY RELEASE, DISCHARGE AND OR OTHERWISE INDEMNIFY THE USYSA, ALL ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING OWNERS OF THE FIELDS AND FACILITIES USED BY 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 OR FROM THE SAME, WHICH TRANSPORTATION I AUTHORIZE.

Parent Volunteer / Committee Info

Please briefly describe your knowledge, interests and / or skills which you think might be helpful to the Club as a member parent. (e.g. coaching, team management, construction, grounds and fields, accounting, marketing, graphics, PR, legal).

COACH COPY - Please Complete / Bring BOTH Forms – COACH COPY



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