



# MT. SINAI YOUTH SOCCER

## REGISTRATION Spring 2012

Deadline for registration: February 10, 2012

LATE FEE OF \$30/FAMILY IF RECEIVED AFTER DEADLINE

For Office Use Only

Amount \_\_\_\_\_

Date \_\_\_\_\_

Chk. # \_\_\_\_\_

One Child: \$110 - Two Children: \$190 - Three Children: \$280 -- **NO REFUNDS**

Fee Includes Uniform.

	Child #1	Child #2	Child #3
First Name			
Last Name			
Gender			
Date of Birth			
<b>Intramural</b>	Pre-K Age 3 _____ Pre-K Age 4 _____ Child must be 3 years old by July 31, 2011	Pre-K Age 3 _____ Pre-K Age 4 _____ Child must be 3 years old by July 31, 2011	Pre-K Age 3 _____ Pre-K Age 4 _____ Child must be 3 years old by July 31, 2011
School Grade as of Fall 2009	Kind _____ 1st _____ 2nd & 3rd _____	Kind _____ 1st _____ 2nd & 3rd _____	Kind _____ 1st _____ 2nd & 3rd _____
Uniform Size	Youth XS _____ S _____ M _____ L _____	Youth XS _____ S _____ M _____ L _____	Youth XS _____ S _____ M _____ L _____
	Adult S _____ M _____ L _____	Adult S _____ M _____ L _____	Adult S _____ M _____ L _____

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Guardian \_\_\_\_\_ Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Other \_\_\_\_\_

Guardian \_\_\_\_\_ Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Other \_\_\_\_\_

Requests will be honored when possible with board approval. Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Program's and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

In my absence, I grant \_\_\_\_\_ and/or \_\_\_\_\_ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

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

**Online Registration Available at [www.mtsinaisoccer.com](http://www.mtsinaisoccer.com)**

Mail to: Mt. Sinai Youth Soccer, P.O. Box 633, Mt. Sinai, NY 11766 Makes checks payable to: Mt. Sinai Youth Soccer [www.mtsinaisoccer.com](http://www.mtsinaisoccer.com)