



# MT. SINAI YOUTH SOCCER

## REGISTRATION Fall 2010

Deadline for registration: August 6, 2010

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

**For Office Use Only**

Amount \_\_\_\_\_

Date \_\_\_\_\_

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

**One Child:** Fall Only - \$90 Fall/Spring - \$160 **Two Children:** Fall Only - \$140 Fall/Spring - \$245 **Three Children:** Fall Only - \$185 Fall/Spring - \$295

Fee Includes Uniform. Players registering for both Fall and Spring seasons will use and receive only one uniform for both seasons.  
FREE PLAYER DEVELOPMENTAL WEEKEND WITH PROFESSIONAL TRAINERS (SELECT DIVISIONS)

	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 ____ <small>Child must be 3 years old by July 31, 2009</small>	Pre-K Age 3 ____ Pre-K Age 4 ____ <small>Child must be 3 years old by July 31, 2009</small>	Pre-K Age 3 ____ Pre-K Age 4 ____ <small>Child must be 3 years old by July 31, 2009</small>
School Grade as of Fall 2010	Kind ____ 1st ____ 2nd & 3rd ____	Kind ____ 1st ____ 2nd & 3rd ____	Kind ____ 1st ____ 2nd & 3rd ____
<b>Interleague</b>	BU10 ____ BU11 ____ Other Boys ____	BU10 ____ BU11 ____ Other Boys ____	BU10 ____ BU11 ____ Other Boys ____
Travel Required	GU10 ____ GU11 ____ Other Girls ____ <small>Interleague Division Based on Child's Age as of July 31st</small>	GU10 ____ GU11 ____ Other Girls ____ <small>Interleague Division Based on Child's Age as of July 31st</small>	GU10 ____ GU11 ____ Other Girls ____ <small>Interleague Division Based on Child's Age as of July 31st</small>
Uniform Size	Youth XS ____ S ____ M ____ L ____ Adult S ____ M ____ L ____	Youth XS ____ S ____ M ____ L ____ Adult S ____ M ____ L ____	Youth XS ____ 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)