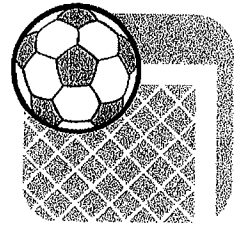




MT. SINAI YOUTH SOCCER



REGISTRATION 2008/2009

Deadline for registration: July 27, 2008*

RECEIVED AFTER DEADLINE SUBJECT TO LATE FEE OF \$30/FAMILY

One Child - \$ 90 both seasons \$160 Two Children - \$140 both seasons \$240

Three Children \$185 both seasons \$295

Fall/Spring Season

Fee includes uniform

FOR LEAGUE USE ONLY

Amt. Paid _____ Date _____ By _____

Child must be at least 3 years old at start of fall season

	Child #1	Child #2	Child #3
First Name:			
Last Name:			
Gender	Boy ___ Girl ___	Boy ___ Girl ___	Boy ___ Girl ___
Date of Birth:			
School Grade as of Fall 07	Pre K ___ age 3yrs. age 4 yrs. ___ ___ Kind ___ 1 ___ 2 & 3	Pre K ___ age 3yrs. age 4 yrs. ___ ___ Kind ___ 1 ___ 2 & 3	Pre K ___ age 3yrs. age 4 yrs. ___ ___ Kind ___ 1 ___ 2 & 3
Interleague* traveling required	Boys 4th grade ___ Girls 4th grade ___ Boys U12 ___ Girls U12 ___ Girls U13 ___ Girls U16 ___	Boys 4th grade ___ Girls 4th grade ___ Boys U12 ___ Girls U12 ___ Girls U13 ___ Girls U16 ___	Boys 4th grade ___ Girls 4th grade ___ Boys U12 ___ Girls U12 ___ Girls U13 ___ Girls U16 ___
Uniform size	Adult ___ S ___ M ___ L Youth ___ XS ___ S ___ M ___ L	Adult ___ S ___ M ___ L Youth ___ XS ___ S ___ M ___ L	Adult ___ S ___ M ___ L Youth ___ XS ___ S ___ M ___ L

***DIVISIONS ARE BASED BY CHILDS AGE AS OF JULY 31, 2008**

Mailing address: _____ City _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Mother's name: _____ Volunteer as: ___ Coach ___ Asst. Coach

Father's name: _____ Volunteer as: ___ Coach ___ Asst. Coach

**** SPONSORED PLAYER DEVELOPMENTAL WEEKEND(FREE) WITH PROFESSIONAL TRAINERS(excludes pre-k)****

Request will be honored 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. Therefore, 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: _____

See website for division description.