



# Suncook Youth Soccer

PO Box 59 • Suncook, NH 03275  
www.suncookyouthsoccer.com

## 2008 Registration

**BRIAN DUVAL • (603) 661-9563**

Part of US Youth Soccer and NH Soccer Association  
Cost: \$65.00 plus cost of uniform

Division: \_\_\_\_\_

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

Cash or Check#: \_\_\_\_\_

AMT.: \_\_\_\_\_

Shirt/Uniform Size:

Adult \_\_\_\_\_ Youth \_\_\_\_\_

# TRAVEL SOCCER

### 1 PLAYER INFORMATION

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

List any medical issues player may have: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Seasons Played: \_\_\_\_\_ Division last Played: \_\_\_\_\_

### 2 PARENT/GAURDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should we notify in case of emergency?: \_\_\_\_\_

Cell: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules put forth by Suncook Youth Soccer, its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Suncook Youth Soccer accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise idemnify SYS, its affiliate 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 as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: \_\_\_\_\_

(parent/guardian please print)

Signature: \_\_\_\_\_

### 3

#### CONSENT FOR MEDICAL TREATMENT

As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature: \_\_\_\_\_