



WAYLAND YOUTH SOCCER SPRING 2010 PLAYER REGISTRATION BAYS AND INTRAMURAL

NOTE: REGISTRATION DUE DATE Oct 31st (FOR BOTH AGE GROUPS).
(A preferred on-line registration process is available at waylandsoccer.org)

CHECK ONE: INTRAMURAL - An in-town program for GRADES K, 1 AND 2
 BAYS - A competitive intertown program for PLAYERS GRADE 3 AND UP

Make check out and mail to
WAYLAND YOUTH SOCCER, PO BOX 164, WAYLAND, MA 01778

REGISTRATION FEE
KINDERGARTENL -\$75.00/player
INTRAMURAL -\$90.00/player
BAYS - \$130/player
BAYS - U15 to U18 \$90/Player

**Registrations postmarked after due date will be processed on space-available basis only.
**For registrations of Bays players Grade 3 to 8 submitted after October 31st add \$25 per family. After Nov. 30 add \$40. For Intramural, \$25 after 2/1/10, \$40 after 3/1/10
**There is a \$25.00 discount for each child beyond the second family participant.

FIRST NAME _____ MI _____ LAST NAME _____ MALE FEMALE

MOTHER'S FIRST NAME _____ FATHER'S _____

ADDRESS _____ SCHOOL _____

HOME PHONE _____ CELL PHONE _____ GRADE _____ BIRTH DATE _____

E-MAIL ADDRESSES – This is the primary means of communication for WAYS and our coaches

Please include home e-mail address if you do not check work email in the evening or over the weekend
Please print clearly

I understand that grades 3 and up cannot wear earrings during games. Parents are advised to have ears peirced well before the season begins so there is no issue with removing studs from newly peirced ears. Per league rules, referees will not allow anyone to play with earrings.

Check here if new Wayland resident.

Check here if on soccer team outside Wayland _____ Club Name

I am willing to be a: Coach Asst. Coach Manager Ref. Help with special events

Name: _____ Phone _____

Addresses/E-Mail : Same as above OR: _____

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

THE ABOVE NAMED PLAYER IS COVERED BY: _____
(STATE NAME OF PERSONAL OR FAMILY INSURANCE COMPANY AND id NUMBER)

I, the parent/guardian of the registrant, a minor, recognizing the possibility of physical injury associated with soccer and in consideration for Wayland Youth Soccer (WAYS) accepting the registrant for its 2010 spring soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the United States Soccer Association (USYSA), the Massachusetts Youth Soccer Association (MYSA), WAYS, their affiliates and sponsors, employees, board members, coaches and associated personnel, including the owners of fields and facilities utilized 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 hereby authorize. Further, I agree that the registrant and I will abide by the rules of USYSA, MYSA, and WAYS.

Signed _____
PARENT OR LEGAL GUARDIAN TELEPHONE DATE

YOUR CANCELLED CHECK IS YOUR RECEIPT.
COACHES WILL CONTACT PLAYERS PRIOR TO SEASON