

PLAYER INFORMATION *PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY.*

Last Name _____ First Name _____ M. Initial _____

Street Address _____ Town _____

Home Phone _____ Cell Phone _____ Parents E-Mail _____

Date of Birth ____/____/____ Sex _____ Grade _____ Season _____ Program _____

Mother's Name _____ Father's Name _____

Medical Problems that coach should be aware of _____

Comments _____

LIABILITY WAIVER: I, parent/legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Hopkinton Youth Soccer Association, their affiliated organizations and sponsors ('Club'). I desire to have the registrant participate in the Soccer ('Sport') programs and activities, including indoor/outdoor play, practices, clinics and games ('Programs') offered by said 'Club'. Recognizing the possibility of physical injury associated with said 'Sport' and the registrants participation in the Programs, and in consideration for the 'Club' accepting the registrant for participation in the Programs, on behalf of myself and the registrant, I hereby release, discharge, and/or otherwise indemnify the Club, their respective officers, directors, coaches, committees, employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, of and from any claim, demand, action, cause of action, suit or liability arising as a result of the registrant's participation in the Programs, including the transport of the registrant to or from the Programs, which transportation I hereby authorize.

*Signature (parent/legal guardian) _____ Date _____

MEDICAL PERMISSION WAIVER: As parent or legal guardian of the minor named on this form, I hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Hopkinton Youth Soccer Association-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.

*Signature (parent/legal guardian) _____ Date _____

REFUND POLICY: HYSA will not honor refund requests for players dropping out of the program at any time, except for the following reasons:

(1) A season-ending injury incurred before the start of the season; (2) Any other health or safety-related issue, brought to the attention of HYSA before the start of the season; (3) If HYSA is unable to place the player on a team for any reason and therefore the child is unable to play for that season; (4) If a child tries out for and is accepted onto the Hopkinton Middle School, Junior Varsity or Varsity Soccer Team (not club or select teams, or other sports); or (5) If the family moves out of town before the start of the season. By signing below I agree to this refund policy.

*Signature (parent/legal guardian) _____ Date _____

PARENT PARTICIPATION. Please check areas of interest. For more information, please refer to www.hopkintonsoccer.org.

* All coaches and volunteers working directly with children will be put through a CORI check by Mass. Youth Soccer Association
___ Coach* ___ Assistant Coach* ___ Grade Coordinator ___ Board Member

Name(s) of Volunteer(s) _____

PAYMENT INFORMATION. The family maximum is \$350, excluding late fees. Make checks payable to HYS. Do not staple checks.

\$ _____ \$110 (K-U18), \$85 (High School Coed), \$75 (KickStart)

\$ _____ \$25 Late Fee (KickStart-3rd) / \$50 Late Fee (U10-U18)

\$ 5.00 \$5 Check Fee

\$ _____ Total (Financial assistance is available. Please call (508)435-5523.)

HYSA USE ONLY AMT. \$ _____ # PLAYERS _____ CHECK # _____ FEE WAIVED _____ DATE REC. _____