

# SACHEM YOUTH SOCCER LEAGUE

## Travel Registration - Fall 2008/Spring 2009

(PLEASE PRINT ALL INFORMATION)

PLAYER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ GENDER \_\_\_\_\_

HOUSE # \_\_\_\_\_ STREET NAME \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS (please print CLEARLY) \_\_\_\_\_ SCHOOL ATTENDING IN FALL 2008 (must be filled in) \_\_\_\_\_

Name of team in Spring 2008 season: \_\_\_\_\_

Have you played in another league before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Previous League Name \_\_\_\_\_

\$ 200.00 PER YEAR (2 SEASONS)

\$ 120.00 FOR SPRING, 2009 ONLY)

I / we assume all risks and hazards incidental to such participation in soccer, including transportation to and from such activities, and I / we hereby waive, release and absolve the organizers, sponsors, supervisors and participants from any claim arising out of injury to my son / daughter except to the extent and in the amount covered by accident or liability insurance.

I hereby give my consent for all medical care prescribed by a duly licensed doctor of medicine for the minor named on this form, as his/ her legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parents of children with special medical or other needs, please advise the league. This information will assist the coach in handling any incident and/or occurrence, should it become necessary.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: There is absolutely zero tolerance for abuse (verbal or otherwise) of our referees. Their call is final and should be considered final and irreversible. Incidents contrary to this policy can result in banishment from our fields.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

SYSL occasionally shares its email list with other soccer organizations and companies.

Check here if you do not want your email shared \_\_\_\_\_.

### For Official Use Only

Number of children registered \_\_\_\_\_ Paid by Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Received by \_\_\_\_\_ Date Received \_\_\_\_\_ Birth Certificate Presented? \_\_\_\_\_

Division \_\_\_\_\_ Uniform Voucher # \_\_\_\_\_