

**This form may be mailed to:**

United Soccer of Auburn  
P.O. Box 110  
Auburn, MA 01501

*If the player is new to the league, please enclose a copy of the player's birth certificate.*

If you have questions, please contact us at:

[registrar@unitedsoccerofauburn.com](mailto:registrar@unitedsoccerofauburn.com)

(508) 453-1213

**United Soccer of Auburn Registration Form**

Season (Circle): Spring / Fall Year: \_\_\_\_\_ Age Group U- \_\_\_\_\_ New to our league? YES / NO

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

Uniform Size (circle one): YS YM YL YXL AS AM AL AXL AXXL

**U8 Preference:** M/W | Tu/Th | None

Notes: \_\_\_\_\_

I, the parent/guardian of the player, a minor, agree that the player and I will abide by the rules of USYSA, MYSA, USA, & their affiliated organizations/sponsors. Recognizing the possibility of physical injury associated with soccer & in consideration for the USYSA accepting the registrant for its soccer program & activities(the program), I hereby release, discharge and/or otherwise indemnify United Soccer of Auburn, the USYSA, its affiliated organizations & sponsors, their employees & associated personnel, including the owners of the fields & facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the players participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. 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 life, limb, or the well-being of my dependent. I hereby give United Soccer of Auburn permission to use photographs of my child on our website, in printed material and/or audio/visual material, and give permission for release to the media.

I also agree that uniforms for U10 and above consisting of a numbered uniform and matching shorts are the sole property of USA and that I must return the uniform at the end of every season in serviceable condition. If USA determines that the uniform has been abused or if part or all of the uniform is lost and cannot be returned that I will be responsible to pay for the full replacement cost prior to my child registering for another season.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

METHOD OF PAYMENT AMT DUE \$ \_\_\_\_\_ CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_