

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
(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

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.

X _____ / _____ / _____
Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

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