

Capital Youth Soccer Association of Providence

Summer/Fall League cost is \$ 35 per player

First Name: _____		Last Name: _____	
Address: _____			
City: _____		State: <u>RI</u>	Zip Code: _____
Phone # _____		Birth Date: _____	Sex: M <input type="checkbox"/> - F <input type="checkbox"/>
Parent/Guardian Name: _____		Phone # _____	
Emergency Contact: _____		Phone # _____	
List any Medical Problems player has: _____			

I will volunteer to Coach _____ Phone _____

<p>(1) I, the parent/Guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the USYSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for 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.</p> <p>(2) As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical 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.</p>
<p>Signature: _____ Date: _____</p>

Capital Soccer
61 Modena Ave
Providence RI 02908
Telephone: (401) 861-9717

******For Information on the Summer Recreation League Call:**
Bob Wise 861-9717
Program Director

Shirt Size

<input type="checkbox"/> YS	<input type="checkbox"/> AS
<input type="checkbox"/> YM	<input type="checkbox"/> AM
	<input type="checkbox"/> AL
	<input type="checkbox"/> AXL

Socks

<input type="checkbox"/> Youth
<input type="checkbox"/> Adult

U19: 8/1/86 - 7/31/89	U10: 8/1/95 - 7/31/97
U16: 8/1/89 - 7/31/90	U8: 8/1/97 - 7/31/99
U15: 8/1/90 - 7/31/91	U6: 8/1/99 - 7/31/00
U14: 8/1/91 - 7/31/93	U5: 8/1/00 - 7/31/01
U12: 8/1/93 - 7/31/95	

Paid: <input type="checkbox"/> cash <input type="checkbox"/> check # _____ Birth. Certificate <input type="checkbox"/>
<input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Other Volunteer