

TORRINGTON YOUTH SOCCER REGISTRATION FORM

New players must mail a copy of their OFFICIAL BIRTH CERTIFICATE with registration form, or child will not be registered.

Micro Soccer: \$35 per player
Divisions A – D: \$65 for the first player and \$55 for each additional player in the same family
Travel League: \$200 for Fall & Spring Season
\$175 for second player in the same family, \$150 for third player in the same family

Registrations are due by June 30.

****Late charge of \$10 per player for registrations received after June 30****

****EACH PLAYER NEEDS THEIR OWN FORM, PLEASE DO NOT PUT MULTIPLE PLAYERS ON THE SAME FORM AS THESE PLAYERS WILL NOT BE ASSIGNED TO A TEAM****

Player Information:

Last Name: _____ First Name: _____ Sex: (circle) M / F

Birth date: ____/____/____

Address: _____ Torrington, CT. 06790

Phone number: (____) ____ - _____ Email Address: _____

Name of School player is entering in Fall _____ & Grade _____

Check here if player should be placed by age, rather than grade _____

Check here if player was registered in the Fall of the previous year: _____

Father's Name: _____ Phone if different than child (____) ____ - _____

Mother's Name: _____ Phone if different than child (____) ____ - _____

Player lives with: Both parents _____ Father _____ Mother _____ Other _____

Parent/Guardian Agreement:

I, as the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYUA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsor, their employees, 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.

Parent/Guardian Signature and Date for above: _____

Volunteer Opportunities: If you would like to participate as an adult volunteer, in any capacity, please provide us with the following information:

Please check blank before position: _____ Coach _____ Asst. Coach _____ Team Parent _____ Phone Calls

Name _____ Date of Birth _____ Phone Number _____

PLEASE NOTE THAT ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED OR CHILD WILL NOT BE REGISTERED.

Mail form to: TYS Registrations, PO Box 625, Torrington, CT 06790