



WINTER 2008 CLINIC REGISTRATION FORM

Open to ALL Milton Residents

5 Sundays January 13 thru February 10

K thru 5th grades - Paul Turner's Ultimate Soccer Clinics

6 thru 8th grades - Madden's Middle School World Cup

REGISTRATION FEE: \$40

1. Player Last Name: _____ First Name: _____ MI: ___ M/F: ___

Address: _____

City: _____ State: ___ ZIP: _____

DOB: _____ Grade (2007/2008): ___ School: _____

Parent/Guardian: _____ Parent/Guardian: _____

E-mail: _____ E-mail: _____

Phone: _____ Phone: _____

PLEASE NOTE: Communication will be primarily by e-mail. Please print legibly and check e-mail for league information.

2. Medical Problems: _____

Person to Notify in Emergency: _____

Doctor to Notify in Emergency: _____

3. I, 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 USYSA 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 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. I also agree to let photographs of my child (no names mentioned) to be used on the Milton Travel Soccer website.

Name: _____

Signature: _____

4. Consent for Medical Treatment (Minor)

As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care 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.

Signature: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone # _____

Bus. Phone # _____

5. Registration Fee: \$40

Check #: _____ Date: _____