



VESTAL YOUTH SOCCER ASSOCIATION

P.O. Box 172
Vestal, New York 13850-0172

<http://www.vestalsoccer.com>

Registration Form

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Phone: _____

When did the player last play in VRYSA or TCYSA? _____ (YEAR)

Father's Information:

Mother's Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Business/Cell Phone: _____

Business/Cell Phone: _____

Email: _____

Email: _____

Must be read and signed by a parent or legal guardian

I, the undersigned parent or legal guardian of _____ do hereby grant permission for him/her to participate in any and all activities of the Vestal Youth Soccer Association Travel Program. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, it being understood the Vestal Youth Soccer Association Travel Program does not provide accident or health insurance. I agree to be legally and financially responsible, and hereby waive, release, absolve and indemnify and agree to hold harmless the said Vestal Youth Soccer Association, organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities for all claims, demands, acts, or causes of action for damage or any other thing, on account of or in any way growing out of any and all known and unknown personal injuries and property damage resulting from participation in the Vestal Youth Soccer Association Travel Program whether the result of negligence or any other cause.

(Parent or Legal Guardian)

(Date)