



PLEASE PRINT LEGIBLY TO ENSURE ACCURACY
ENTIRE FORM TO BE COMPLETED BY PARENT/GUARDIAN

Jersey Size _____

Short Size _____

Please indicate Youth or Adult Sizes

Havelock Youth Soccer Association
PO BOX 671, Havelock, NC 28532

Name: _____ Birthdate: _____ Gender: M / F
Given First Given Last M.I. MM / DD / YY Circle one

Player born outside of the US? (To include military installations) Y / N If Yes, Where? _____

Player played outside of the US? Y / N If Yes, Where? _____

Street Address: _____ City: _____ Zip Code: _____

Parent / Guardians Name: _____ Best Contact #: _____

Parent / Guardians Name: _____ Best Contact #: _____

Best E-Mail Address: _____

Medical Insurance Carrier: _____

Medical Conditions / Allergies: _____
ADHD / Seizures / Asthma / Peanut Allergies / Epi-Pen / Etc.

Emergency Contact: _____ Best Contact #: _____

Special Requests: _____

PLEASE NOTE Requests to play up, for a specific coach, specific days (not times), and teammates will be accepted. We attempt to accommodate your family's needs, but WE CANNOT GUARANTEE REQUESTS will be fulfilled.

VOLUNTEERS

HYSA is an all-volunteer organization, we are ALWAYS in need of good volunteers. If you are interested please indicate below.

MOTHER COACH _____ ASSIST COACH _____ OTHER _____
FATHER COACH _____ ASSIST COACH _____ OTHER _____

I/We the parent or guardian of the above named individual acknowledge that participation of athletic events necessarily involves risk of physical injury. We the undersigned do hereby assume responsibility for any injury incurred that may result from my child's participation in the Havelock Youth Soccer Association (HYSA) Program. I hereby remise, release, and forever discharge the HYSA and all others listed hereafter: organizers, sponsors, officers, board members, commissioners, coaches, and landowners permitting the use of their land for soccer activities. I agree to abide by the rules, regulations and decisions of the HYSA and the Eastern Carolina Soccer Association, and agree to disciplinary actions taken by the above named associations boards, officers, and referees.

In addition, we, the undersigned, do hereby authorize any team coach or designated adults of the team, if after a reasonable attempt has been made to reach the parent or guardian to obtain consent or if sound medical practice decrees there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care, to be rendered to the registrant under general or special diagnosis or treatment and hospital care to be rendered to the registrant by any dentist duly licensed to practice.

We _____ the parents or legal guardian of the registrant,
Print parent's/guardian's name

_____ a minor child, wishing to participate in the Havelock Youth Soccer program, have
Print child's name

read and fully understand and agree to the Waiver of Liability.

Parent/Legal Guardian Signature

Date: _____

Amt Paid: _____ CASH / CHECK / CARD

BIRTH CERT VERIFIED []
ENTERED INTO NCYSA