

# North Soccer Club Player Application 2008 Spring Outdoor Season

**Check one. I would be interested in coaching. Name:**

- You must register on-line by midnight on Jan 20, 2008 AND complete and print this application.
- Please bring fees and completed application to tryouts. Fees are \$85 for the first child, \$70 each for the second and third child, and any additional family member is free.
- Please make checks payable to “NSC” and indicate child’s name, age group and Spring 08 in “memo” section of check.
- If a player is not placed on a roster due to space limitations, fees will be refunded.
- Players registered after Jan 20, 2008, and/or whose application and fees are not received by Feb 27, 2008 will be placed on a roster ONLY if space is available.

**Try-out information is posted on the club's website at [www.northsoccerclub.com](http://www.northsoccerclub.com).**

## **Player information:**

First Name

Last Name

Street Address

Town

Zipcode

**North Attleboro**

**02760**

Telephone Number:

E-Mail:

Date of Birth (month/day/year):

Gender (male/female):

## **Parent Guardian Information:**

First Name

Last Name

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Emergency Contact:

Emergency Telephone:

Abide by Rules and Releases

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilizes for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Consent for Medical Treatment (Minor)

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.

Signature: \_\_\_\_\_ Date \_\_\_\_\_