

FALL RIVER YOUTH SOCCER ASSOCIATION
Fall 2010 Registration Form *Celebrating Our 20th Season*****
(Children born between August 1, 1996 and July 31, 2004 are eligible)

Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	M/F: <input style="width: 20px;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	City: <input style="width: 60%;" type="text"/>	State: <input style="width: 20px;" type="text"/> Zip: <input style="width: 20px;" type="text"/>
Home Phone: <input style="width: 60%;" type="text"/>	Date: <input style="width: 60%;" type="text"/>	
Email: <input style="width: 60%;" type="text"/>	Player's Date Of Birth: <input style="width: 60%;" type="text"/>	
Mother's Name: <input style="width: 60%;" type="text"/>	Father's Name: <input style="width: 60%;" type="text"/>	
Medical Problems: <input style="width: 95%;" type="text"/>		
Person to Notify in Emergency: <input style="width: 60%;" type="text"/>	Phone: <input style="width: 20px;" type="text"/>	
Doctor to Notify in Emergency: <input style="width: 60%;" type="text"/>	Phone: <input style="width: 20px;" type="text"/>	

<p>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"), 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 registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Check here if you DO NOT want your name to be used on a database for commercial mailings: <input type="checkbox"/></p>	<p>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.</p> <p>Signature: _____</p> <p>Address: _____</p> <p>City _____ State: ____ Zip: ____</p> <p>Home Phone #: _____</p> <p>Bus. Phone #: _____</p>
--	--

Adult Volunteer Signup - Name: **Phone:**

The success of the league depends upon our volunteers. Please check as many boxes of interest if you would like to assist the league. Someone will contact you. Thank You.

Coach: <input type="checkbox"/>	Asst. Coach: <input type="checkbox"/>	Fund Raising: <input type="checkbox"/>	Publicity: <input type="checkbox"/>
Field Mgmt: <input type="checkbox"/>	Referee: <input type="checkbox"/>		



**Information on How to
Register Your Youth Soccer
Star!**

Fall 2010 Registration Info

[Click here for printable
registration form](#)



Deadline for registration March 31, 2010. Space is limited.

The league *strongly recommends* you register for the Fall 2010 season at the conclusion of the Fall 2009 season to ensure a spot. The league may choose to accept registrations after March 31, 2010; however, there will be a \$10 late fee assessed per registration. Please include with payment.

UNDER 14	Born on or after AUG 1, 1996
UNDER 12	Born on or after AUG 1, 1998
UNDER 10	Born on or after AUG 1, 2000
UNDER 8	Born on or after AUG 1, 2002
UNDER 6	Born on or after AUG 1, 2004

REGISTRATION FEES

1 Child....\$**55.00** 2 Children...\$**95.00** 3+ Children...\$**120.00**

REQUIRED EQUIPMENT: shin guards and soccer cleats
NOT ALLOWED: metal cleats, baseball/football cleats, jewelry and/or plastic elbow/knee pads

Multiple child discounts *only* apply to players in the immediate family.
Add **\$10 late fee** if registered AFTER March 31, 2010.

What you need to register:

1. **Complete** registration form
2. **Copy** of player's birth certificate (for first time players only)
3. Parent or legal guardian **must sign** waiver
4. **Check or money order** made payable to: **Fall River Youth Soccer**; **DO NOT** mail cash
5. Mail complete package to: **FRYSA P.O. Box 1088 Fall River, MA 02722**

New for 2010! FRYSA will make the move to an online league management system – this move is critical for our leagues continued success. Registrations can still be turned in by hand for now; however, the new online system will provide many benefits to both our parents/guardians and the league. Stay Tuned!

For our parents/guardians:

- Register and securely pay online at their convenience
- Receive instant email registration confirmations
- Family-based record allows pre-population of registration forms
- View registration status or team assignment online
- Secure access to online account statements and current balances

For our league:

- Eliminate tedious and repetitive data entry workloads during peak periods
- Reduce hours spent handling illegible forms and data entry errors
- Enhance both walk-in and mail-in registration efficiencies

Games are played at the Frank M. Silvia School 1899 Meridian St Fall River, MA 02720 on Saturdays.

The Fall season begins mid-to-late August 2010. Check our web site for updates.

PLEASE NOTE: Beginning in 2010, FRYSA will no longer subscribe to a telephone service, please direct all communication through the league web site www.frysa.org or by mail **PO Box 1088 Fall River, MA 02722**