

CATHOLIC FUTSAL LEAGUE REGISTRATION FORM

FILL OUT THIS FORM AND BRING IT TO SCHOOL WITH PAYMENT TO AND HAND IT TO PRINCIPAL AS SOON AS POSSIBLE.

CHECKS SHOULD BE MAKE TO NEW ENGLAND SPORTS PROMOTIONS.

BRING THIS FORM AND PAYMENT TO SCHOOL BY OCTOBER 20,2022!

NEW ENGLAND FUTSAL

YOUTH PLAYER REGISTRATION		CURRENT USYSA/WAYSO REGISTRATION # _____ NONE _____
(please print firmly and legibly to make clear multiple copies)		
LAST NAME _____	FIRST NAME _____	MI _____ SEX _____
ADDRESS _____		CITY _____
STATE _____	ZIP CODE _____	TELEPHONE _____ BIRTHDATE _____ <small>month day year</small>
FATHER'S NAME _____		CELL PHONE _____
MOTHER'S NAME _____		CELL PHONE _____
FATHER'S EMAIL _____		MOTHER'S EMAIL _____
LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS _____		
DOCTOR TO NOTIFY IN EMERGENCY _____	PHONE _____	
PERSON TO NOTIFY IN EMERGENCY _____	PHONE _____	
SHIRT SIZE (CHECK ONE) YOUTH <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L SHORTS SIZE (CHECK ONE) YOUTH <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L ADULT <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		
FUTSAL (INDOOR SOCCER) EXPERIENCE: YES ___ NO ___		NUMBER OF SEASONS PLAYED _____
OUTDOOR SOCCER EXPERIENCE: YES ___ NO ___		NUMBER OF SEASONS PLAYED _____
WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP (COACH) (ASST COACH) (BOARD MEMBER) (REFEREE) (PUBLICITY) (TEAM PARENT) (FUND RAISING) (TELEPHONE) (EQUIPMENT) (SCOREKEEPER) (OTHER) _____		
<input type="checkbox"/> check if U14 Girl Registration preferring "All Girls" Team Assignment.		
3 CONSENT FOR MEDICAL TREATMENT (MINOR) As the Parent or Legal Guardian of the above named player, I hereby give 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 the life, limb, or well-being of my dependent.	4 I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums 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.	
Signature of Parent or Legal Guardian _____	Name _____ Parent/Legal Guardian (please print)	
Address _____	Signature _____ Date _____	
City _____ Zip _____		
OFFICIAL USE	BIRTH DATE VERIFIED YES ___ NO ___	REGISTRATION FEE \$ _____
COMMENT _____	AMOUNT PAID \$ _____	CASH ___ CHECK # _____
_____ VERIFIED BY _____		

USFF 008

LEAGUE COPY

U.S. FUTSAL COPY

COACH COPY