

SYNERGY SOCCER

REGISTRATION FORM

PLAYER INFORMATION		
Player's Name:	DOB:	Gender/Age Group:
Parent/Guardian Name:	Cell Phone:	Email:
Parent/Guardian Name:	Cell Phone:	Email:
Street Address:	City:	Zip:
Home Phone:	Fax:	

I, The Parent/Guardian of the registrant player, a minor, agree that the registrant and I will abide by the rules of the MAPLE Soccer League, Mass Youth Soccer, and US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and its consideration for the MAPLE Soccer League/Mass Youth Soccer/US Youth Soccer accepting the player registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Synergy Soccer, Inc., the MAPLE Soccer League, Mass Youth Soccer and US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the Programs, against any claim by or on the 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.

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician and/or hospital. I understand that I am financially responsible for any balance. I also authorize my physician or insurance company to release any information required to process my claims.

Patient/Guardian signature

Date