

# 2007-2008 TRAVEL TEAM REGISTRATION

## Patchogue-Medford Youth Soccer League

[www.PMYSL.org](http://www.PMYSL.org)

Please print all information

Last Name	First Name	D.O.B.
Street Address	Town	Zip      Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone
Email Address	# of Children Registering <input type="text"/>	Alternative Phone
Any Medical or Psychological Problems/Conditions That Affect Ability to Play Soccer?		

### Registration Fee Calculation

Number of Travel Players Per Family	Fee Per Player	Total Travel Fee Due
	<b>\$160</b>	

### Checks Made Payable to: PMYSL

IN WHAT CAPACITY WOULD YOU BE WILLING TO HELP THE LEAGUE?				
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Registration	<input type="checkbox"/> Trophy Weekend	<input type="checkbox"/> Festival

### AGREEMENT

I/We, the parent/guardian of the above named candidate for a position on a Patchogue-Medford Youth Soccer League team, hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Patchogue-Medford Youth Soccer League, associated organizations, the organizers, sponsors, supervisors, participants, and persons transporting my/our son/daughter to or from activities, from any claim arising out of an injury to my/our son/daughter, except to the amount covered by accident or liability insurance. I/We will abide by the rules of the Patchogue-Medford Youth Soccer League.

If the above named candidate is selected for a position with the Patchogue-Medford Youth Soccer League, that position and team will be selected by the League Board of Officers at their discretion and I/we will abide by their decision. I/We understand that transportation to and from any League activity is a parental responsibility.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

### OFFICIAL USE ONLY

Previous Division:	Team:	Code:
Birth Cert. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cash <input type="checkbox"/> Check <input type="checkbox"/>	Amount Received: \$	
Signature of Form Examiner	Date of Registration	Signature of Registrar