

Chenango Chargers Travel Soccer Enrollment Form
Broome County Soccer Association

Chenango Chargers Soccer Club

Last Name: _____ First Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Phone #: (____) _____ Date of Birth (MM/DD/YY): _____ Sex: _____ M _____ F

Player Height _____ Weight _____ Uniform Size: _____

Parent's email address _____

Player's email address _____

Father's Name: _____

Work Phone #: (____) _____ Home Phone #: (____) _____

Mother's Name: _____

Work Phone #: (____) _____ Home Phone #: (____) _____

Emergency Contact: _____ Emergency Phone # (____) _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields 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.

Date: _____ Name _____

Consent for Medical Treatment

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 descendent.

Signature of Parent / Guardian _____

Please print and complete application