

HAYESVILLE YOUTH SOCCER ASSOCIATION

REGISTRATION

PLAYER INFORMATION

Last Name _____ MI _____ First Name _____

Birth Date _____ Player's Current Age _____ Sex: M _____ F _____

SELECT UNIFORM SIZE: Circle one shirt size and one short size

Shirt: AXL AL AM AS YL YM YS **Short:** AXL AL AM AS YL YM YS

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Father's Name _____

Guardian's Name _____ Relationship to Child _____

Mailing Address _____

Email Address _____

Home Phone _____ Mother's Cell/Work Phone _____

Father's Cell/Work Phone _____ Other Phone _____

OTHER EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Player _____

Home Phone _____ Work/Cell Phone _____

Other Phone _____

MEDICAL INFORMATION (ALL Information remains CONFIDENTIAL)

Medical Insurance Company _____ Insurance Policy Number _____

Doctor's Name _____ Doctor's Phone _____

Are there any allergy conditions HYSA should be aware of? Yes No

If yes, list _____

Are there any medical concerns or conditions that HYSA should be aware of? Yes No

If yes, list _____

Total Paid \$ _____ Cash _____ Check # _____ Scholarship _____