

Braintree Youth Soccer Spring Travel Program

BYS Travel Teams compete in the *South Shore Soccer League* with 16 other towns. We have over 20 teams that compete ranging in age from U10 to U19, boys and girls. BYs hires professionals to work with our Braintree coaches to develop and implement a skills development program for our Winter Indoor training that takes place December through March at BHS and Thayer. The Spring "outdoor" season begins in April with playoffs held mid June.

BTS Program Fees

- One Player: \$150
- 1st Add'l Player: \$125
- 2nd Add'l Player: \$100
- Family Maximum: \$400



There will be a \$10 Late fee per player after October 11. No refunds after November 15th.

Please note, Junior Academy is a separate program and does not count toward the family maximum and multiple player discounts.

Make Checks Payable to **Braintree Youth Soccer**.

Registration Form (one player per form)

Player's Name: _____

Address: _____

Phone Number: _____

Parent's Names: _____

Parent's Email: _____

Grade: _____ School _____

Date of Birth: _____

Spring 2010 Division:

Boys	Girls	U10	U12	U14	U16	U18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently playing on a club team? Yes No If yes, which team? (circle) Commonwealth F.C. Galway Rovers Scorpions SS Select SS Spartans Other _____

Shirt Size: YS YM YL YXL AS AM AL AXL

Shorts Size: YS YM YL YXL AS AM AL AXL

Please submit a 1 x 1 inch (passport size) photo and write your name and division on the back.

(U10 players do not need to submit a photo.)

Administrative use:	Date rec'd: _____	Photo <input type="checkbox"/>	Tryout ID # _____
	Check # _____		
	Check Amt _____		

Please read and sign both of the following waivers:
(Required for participation)

Liability Waiver I, _____, the parent/guardian of the registrant/player named herein ("Registrant"), a minor, agree that the Registrant and I will abide by the rules of the Braintree Junior Soccer League, Inc. ("Club"), BYs Spring Travel Program ("BTS"), the United States Soccer Association ("USYSA") and the Massachusetts Youth Soccer Association ("MYSA"), South Shore Soccer League ("SSSL"), and their respective affiliated organizations and sponsors. I also acknowledge that the Club's programs and activities take place on lands, facilities and improvements (the "Venues") owned or controlled by the Town of Braintree MA (the "Town") and/or Thayer Academy ("Thayer"). I desire to have the Registrant participate in the Soccer (the "Sport") programs and activities, including indoor/outdoor play, practices, clinics and matches (collectively, "Programs") offered by the Club. Recognizing the possibility of physical injury associated with said Sport and the Registrant's participation in the Programs, and in consideration for the Club accepting the Registrant for participation in the Programs, on behalf of myself and the Registrant, I agree to release discharge and/or otherwise indemnify the Club, USYSA, MYSA, BYs, BTS, SSSL, the Town of Braintree and their respective affiliates, boards, commissions, sponsors, employees, coaches, assistant coaches and associated personnel including, without limitation, the owners of fields and facilities used for soccer programs, against all claims by or on behalf of the undersigned and/or the Registrant as a result of the Registrant's participation in soccer programs and/or being transported to or from the same which transportation has been specifically authorized by the undersigned and/or any other legal guardian of the Registrant. I hereby consent to publication of photographs and the likeness of the Registrant on the BYs website, newspapers and any other publications or medium.

Signature of Parent/Guardian: _____

Date: _____

Medical waiver: As parent or legal guardian of the minor named on this Registration (the "Registrant"), I, _____, hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while the Registrant is participating in the Braintree Junior Soccer League Inc.'s Programs (the "Club") and related activities. I authorize and consent to the administration of any medical and/or dental care or treatment determined to be necessary in the event of a personal injury to the Registrant which may result from his/her participation in any soccer program, which care or treatment may be given under whatever conditions are necessary to preserve life, limb and the well being of the Registrant. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me or persons designated by me to you in writing before providing such treatment. I hereby release, discharge and/or otherwise indemnify the Club, BYs, BTS, USYSA, MYSA, SSSL, the Town of Braintree and Thayer Academy and their respective officers, directors, coaches, assistant coaches, committees, political subdivisions, Commissions, Boards, employees and associated personnel, of and from any claims, demands, losses, costs, actions, causes of action, suits or liability arising as a result of any treatment or care given to the Registrant as authorized herein.

Signature of Parent/Guardian: _____

Date: _____