

# HYAA Soccer

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**\*\*\* Important Note \*\*\***

**HYAA Soccer does not allow players or parents to make requests for specific teams, coaches or other players.**

## Player Registration Form



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate mo \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_  
Email is important for soccer updates, we don't give out email address! Please **Double Check** phone number for accuracy **\*\*Correct Birthday EXTREMELY Important\*\***

Father's Name \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Bee or other applicable allergies: \_\_\_\_\_ Other Concerns: \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Please Check this box if changes have been made to name, address, phone number or email.

Other Children from family playing in club

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

### Parental Support

\_\_\_ Coach \_\_\_ Referee \_\_\_ Board Member  
 \_\_\_ Asst. Coach \_\_\_ Publicity  
 \_\_\_ Fund Raising \_\_\_ Donor

Other: \_\_\_\_\_

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

**The HYAA Soccer Code of Conduct applies to players, parents, family or friends of players, coaches and HYAA Soccer Board Members. Please be sure to take a copy and discuss with your player.**

### Important

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the USYSA, HYAA Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and HYAA Soccer accepting the registrant for its soccer programs and activities (the Program), I hereby release, discharge and/or indemnify HYAA Soccer, the USYSA, its affiliated organization, sponsors, their employees and associated personnel, including the owners of fields and facilities used for the Program against any claim by or on behalf of the registrant as a result of his participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. I further give my 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 dependent.

I, further agree that my child, my family and I will abide by the HYAA Soccer Code of Conduct and that violations could result in my player's dismissal from the program.

Recognizing that adults are role models for all of our players, I/we **pledge not to smoke or to use tobacco** in proximity to any fields being used for youth soccer activities.

Name: \_\_\_\_\_ Player: \_\_\_\_\_  
Print Name of Parent/Guardian Print Name

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### Official Use Only

Birth Certificate \_\_\_ yes \_\_\_ no \_\_\_ N/A

Player Fee \$ \_\_\_\_\_  
 Received by \_\_\_\_\_

Check No. \_\_\_\_\_  
 Date \_\_\_\_\_

Age Bracket Assigned: \_\_\_\_\_

Travel: Previously played ( ) Team Name: \_\_\_\_\_ First Time Travel ( )  
 Recreation: ( ) Previously played ( ) Team Name: \_\_\_\_\_

"It's not the sport that is played, but how the sport is played"