



H/B Cavaliers Soccer Club Registration Checklist for Parents (EDP ONLY)

- Provide **A COPY** of your player's birth certificate or passport
- Complete EDP registration form
- Complete USYSA Membership Form for NHSA
[NOTE: BE SURE TO SIGN THE MEDICAL RELEASE IN THE LOWER LEFT CORNER OF THE FORM. YOUR PLAYER WILL NOT BE REGISTERED WITHOUT THIS SIGNATURE.]
- Complete Medical Emergency Information Form.
- Uniform order – be sure you have what your child needs
[NOTE: Practice T's are not needed for EDP and are not included in your registration.]
- Pay balance due for season fees and uniform costs. EDP fees are \$130 per season, fall or spring.
- email address(es) for team use to disseminate information:
Dad: _____
Mom: _____
Other: _____

NOTE: For households with more than one player, please write a separate check for each player. No registrations will be processed without payment.

USYSA Membership Form

New Hampshire Soccer Association



FOR OFFICIAL USE ONLY

FOR LEAGUE USE ONLY

League Name _____

Group _____

Div. _____

- Transfer
- New
- Reregistration
- Change / Correction

PLEASE PRINT FIRMLY AND LEGIBLY

Last Name _____ First Name _____ Mid Init _____ Male/Female _____

Address _____ Birth Date _____ Month / Day / Year
Player=P
Coach=C
Administrator=A _____ Coach's Lic. Lev. _____

City/Town _____ State _____ Zip Code _____ Area Code _____ Tele Numb _____

Father's Name _____ Telephone _____

Mother's Name _____ Telephone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number of prior seasons played _____ Last Team _____ Last League _____ Date of Last Season _____ 19____

Height _____ Weight _____ School _____ Grade _____

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

NAME _____
Parent / Legal Guardian (Please Print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby 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.

Signature of Parent / Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

PARENTAL SUPPORT

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

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Other Areas _____
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Fund Raising
- Referee
- Newsletter
- Donor

OFFICIAL USE ONLY
Picture Received? Yes No
Birth Date Verified? Yes No

Registration Fee:
TOTAL _____ Received by _____
 Cash Check No. _____ Date _____



Hollis/Brookline Cavalier Soccer Club: Uniform Order Form

Prices effective as of August 2007

H/B CSC
PO BOX 901
Hollis, NH 03049

NAME _____ TEAM _____ Coach _____

DATE _____ Phone number _____ email _____

Qty	Item	Available Sizes (circle or fill in desired size)	Customized Information	Price per Unit	Total Cost
	Complete Uniform – includes Jersey, shorts and socks To order individual items see below	Please indicate sizing for each item below	Please indicate customization for each item below	\$55	
	Uniform Jersey*	YXS YS YM YL YXL AS AM AL AXL AXXL	For club use only # _____	\$34	
	Uniform Shorts*	YS YM YL AS AM AL AXL	For club use only # _____	\$18	
	Uniform Socks*	Child (size 7-9) Youth / Womens (size 9-11) Mens (size 10-13)	Child _____ Youth / Womens _____ Mens _____	\$8	
	Practice T-shirt (with number on back)**	YXS YS YM YL YXL AS AM AL AXL	# _____	\$15 (for additional T-shirts only)	
	PAYMENT INFORMATION:	For club use only Cash	For club use only AMOUNT: _____	TOTAL:	

- Required uniform components
- One practice T-shirt will be provided automatically with registration; this is for additional T-shirts only.



H/B Cavalier Soccer Club

Emergency Medical Information

The Hollis/Brookline Cavalier Soccer Club wants to provide a safe and fun environment for players within the club. However, as with any competitive sport there are always potential risks of injury, sickness, accident, etc.

It is essential that the coaches are aware of any medical conditions and/or allergies their players may have, as well as, any medications their players may be taking. This will enable us to be on alert for potential issues and to take appropriate action until such time that you may be contacted.

Player: _____

Emergency Contact: _____

Emergency Phone: _____

Physician Name: _____

Physician Phone: _____

Known Allergies: _____

Medical Problems: _____

Medications being taken: _____

Medical Release

I hereby give permission for any necessary medical attention to be administered to (player name) _____, in the event of accident, injury, sickness, etc. until such time as I may be

contacted. The release is given for the duration of the soccer year Fall '11 and Spring '12. H/B Cavalier SC is not liable for injuries.

Parent or Legal Guardian Signature: _____

Date: _____