



# Spring Soccer Registration

Start Date:	Saturdays April 25th- June 13th
Time:	9:30 am - 10:30 am
Grades:	Pre K - First Grade (ages 3-7)
Place:	Clayton Huey Elementary School
Fee:	\$20

Mail applications and check to:  
 MYO, 253 Frowein Rd., Center Moriches, NY 11934  
 NO SOCCER MEMORIAL DAY WEEKEND

I/We, the parent(s) of the named child, hereby give our consent for the participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/We, the parent(s) of the named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Moriches Youth Organization, associated organizations, the organizers, sponsors, supervisors, participants and person transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

**The Moriches Youth Organization has adopted a zero tolerance for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league**

Parent(s)/Guardian Signature.

Date

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Registration Form  
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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

I give my permission for my son/daughter to participate in the MYO Soccer Program

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: Cash: \_\_\_\_\_ Check: \_\_\_\_\_