



# M.Y.O. Spring Soccer Registration 2026

*Fees:*

*Pre-K \$60.00*

*Kindergarten - 6th Grade - \$120.00 with uniform  
(if you have uniform only \$80.00)*

*For More Information call 631-878-1696*

*Or Mail by 3/12/2026*

*253 Frowein Rd., Center Moriches, NY 11934*

*www.morichesyouth.org*

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 \_\_\_\_\_

## REGISTRATION FORM

Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

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

Shirt Size      ADULT    S M L      YOUTH    S M L

I give my daughter/son permission to participate in this program.

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

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

