



Registration Agreement & Medical/Media Release Form

Fall 2026/Spring 2027

PLAYER NAME: _____ DOB: _____

PARENT NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAMES AND NUMBERS:

DOCTOR NAME: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS PLAYER TAKES: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYS accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for soccer, 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/from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above name registrant, 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.

I understand that by registering my child to participate in East Fishkill Soccer Club programs, my child may be photographed or recorded during practices, games, or events. I hereby grant permission for such photographs or recordings to be used by East Fishkill Soccer Club for promotional purposes, including but not limited to the Club's website, social media platforms, and printed materials.

I further understand that if at any time I wish for a specific photograph or recording of my child to be removed from use, I may submit a written request to the Program Director, and reasonable efforts will be made to honor that request.

Furthermore, by signing below, I acknowledge that I have read the "Parental Code of Conduct"/ the "Parents Guide to Youth Referees" and I will obey all of these rules at all times. I promise NEVER, EVER to yell at any player, coach, parent or referee. I will ensure that my spouse and spectators obey all these rules as well. I agree that a refund will not be given.

_____ By initializing, I consent for my child to participate in East Fishkill Soccer Club group/individual photographs and for such photographs to be used for East Fishkill Soccer Club communications purposes (such as newsletters and the club website).

Name (print) _____ Signature _____ Date _____

Please complete and hand to your Coach BEFORE 1st soccer practice/game