

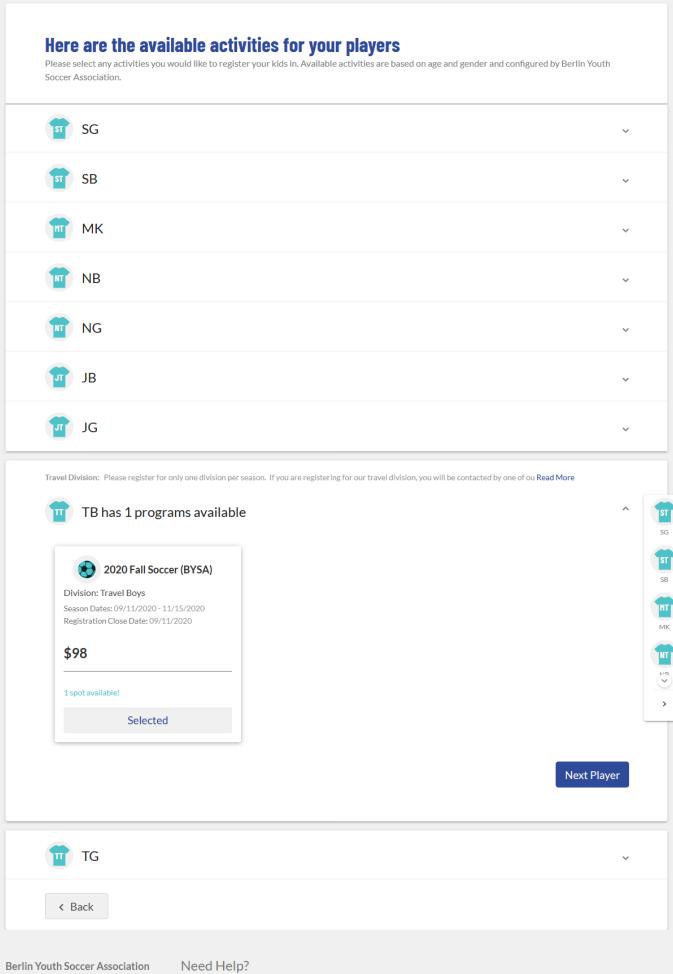
**Berlin Youth Soccer Association** 

110 Saw Mill

Drive Berlin Connecticut 06037

Need Help?



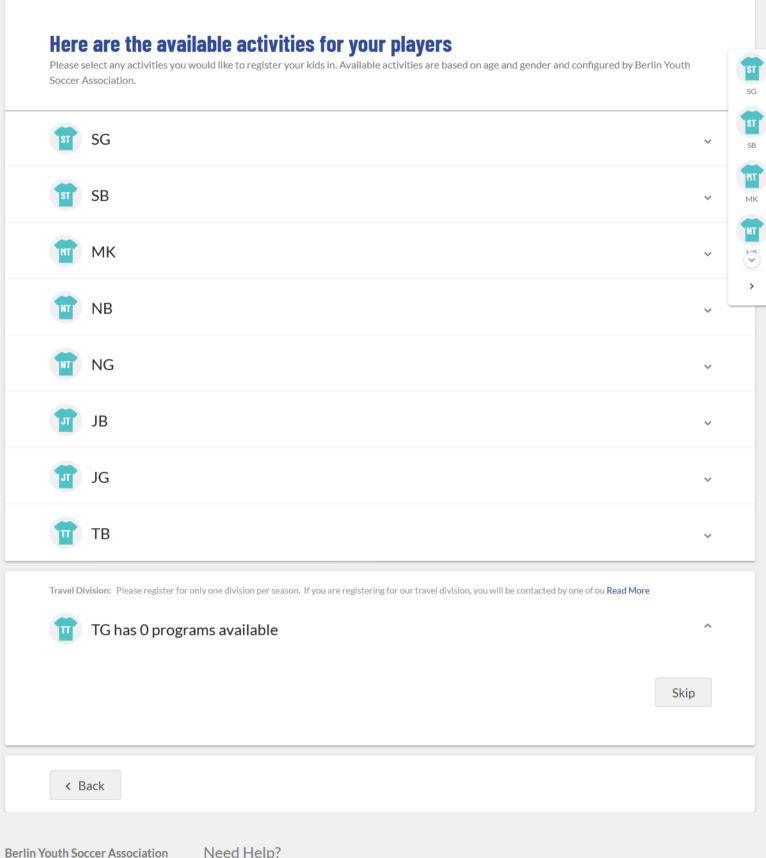


■ ronfilipek@comcast.net

110 Saw Mill

Drive Berlin Connecticut 06037





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### Please fill out the program questions below

The following information is requested by your organization for enrollment.

|  | Lezal First Name *    |  | Legal Last Name *   |   |
|--|-----------------------|--|---|---|
|  | Legal First Name * TB |  | Legal Last Name * Test  |   |
| 0  | Gender*               |  | Date of Birth *   |   |
| Upload   | Male                  |  | ▼ 1/1/2011  | <u> </u>  |
| Profile<br>Picture   | Birth Certificate     |  |   |   |
|  | Choose File           |  |   |   |
| 2020 Fall Soccer (B  | YSA)                  | I I - L-III                              | h.Weber #   |   |
| dical Release v29786 *   | (                     | ر کا                                     | ty Waiver *   |   |
| PARENT'S APPROVAL AND MEDICAL RELEASE Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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. My son daughter has received a physical examination by a physician had has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentisty provide my son/daughter with medical assistance |                       |  | I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the 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. |   |
| ] I accept the Electronic Lega   | -                     |  |   |   |
| rst Name *   | Last Name *           |  |   |   |
| nergency Contact *   |                       | BYSA                                     | Code of Conduct for Parents and Players *   |   |
| iter Answer  |                       | 0/40 BYS. whice                          | A maintains a written Code of Conduct for players,<br>h require all parties to fulfill their commitments to   | parents, and spectators<br>behave respectfully and              |
|  |                       | of th<br>Cod<br>disb<br>http<br>revie    | y at all events. Parents are required to read and ac<br>registration process. Failure to comply with the re<br>as may result in discipline of the offending parties u<br>arment from all BYSA activities. Full text of the Coc<br>//tinyurl.com/BYSACOC. (Please copy the URL into<br>average to the Code of Conduct).  | equirements of the<br>p to and including<br>les is available at |
| mergency Contact Home Phon   | ne *                  | Conci                                    | ssion Awareness * GD  |   |
| nter Answer  |                       |  | nowledge CJSA Concussion Awareness Form Read  | (Link to the left of box)                                       |
|  |                       | 0.740                                    | Accept  |   |
| nergency Contact Work Phone  | e *                   | Specia                                   | I Requests/Comments:  |   |
| ter Answer   |                       | Enter                                    | Answer  |   |
|  |                       | 0/40                                     |   | p,1+000   |
| ergies *   |                       | Other                                    | Medical Conditions *  | 0/1000  |
|  |                       |  | Answer  |   |
| tel Aliswei  |                       | 0/40                                     |   | 0/40  |
|  |                       | Physic                                   | ian Phone *   |   |
| yers Physician *   |                       | _ :                                      | Answer  | 0/40  |
| ayers Physician *  |                       | 0/40 Enter                               |   |   |
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Sports Connect is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our Registration FAQ.



# Looking to get involved? Here are some opportunities.

You can sign up yourself or a family member.



#### 2020 Fall Soccer (BYSA)

Travel Boys (TB is registered here)

### Head Coach

Head Coach - Please use your legal first and last names to facilitate verification with the require

Read More

Select

### Assistant Coach

Assistant Coach - Please use your legal first and last names to facilitate verification with the re Read More

Select

< Back

Show All Available Opportunities

Skip >

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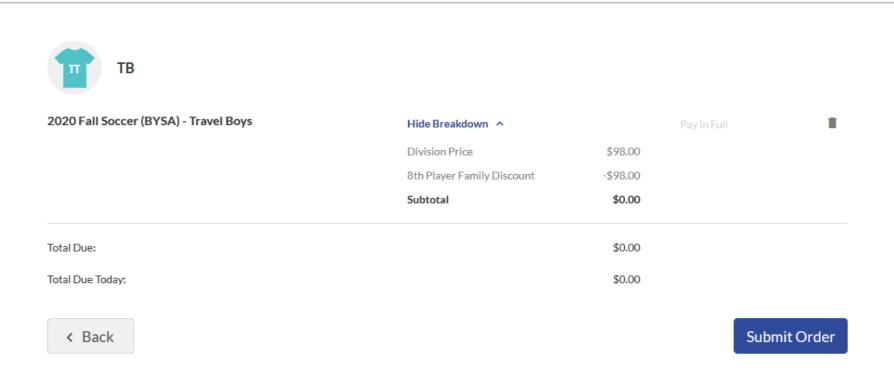
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# Here is your order summary.

Let's review your order and payment options before checking out. For your security, if you are inactive on this page for 20 minutes you'll automatically be logged out and will have to log back in to complete your order.



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## Need Help?





# Congratulations! Your order has been submitted!

Thanks, Ron.

Your order has been successfully placed. Your Registration Order Confirmation Number is 8185982.

### **Open Balance**

**Total Open Balance:** 

## \$0.00

### 2020 Fall Soccer (BYSA)

Welcome to Berlin Youth Soccer and thank you for registering for our 2020 Fall season. <br/> <br/>br>We are attaching information regarding concussions to this email. The document contains information regarding symptoms, impacts, and links to additional information. Additional information can be found on the Center for Disease Control (CDC) web site. <br>>BYSA encourages all coaches, parents and players to educate themselves on this important topic.



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