



**TIMBERLANE YOUTH SOCCER LEAGUE  
RECREATIONAL LEAGUE REGISTRATION**



**Fall 2001 – Registration Deadline -- July 1, 2001**

TYSL is not sponsored by the Timberlane Regional School District

**Nonrefundable registration fee: \$40/first child, \$25 per child there after in family**  
**Mail completed registration form to: TYSL, P.O. Box 3427, East Hampstead, NH 03826**  
*Late registrations are subject to a late fee and team availability.*  
**Questions? Contact TYSL Registrar, Kathy May, 382-7727 or President, Bob Mortela, 382-0293**  
**Season tentatively scheduled to start the weekend of September 8, 2001, and runs for 8 weeks.**

Name: \_\_\_\_\_ **BOY**  **GIRL**

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's Social Security # \_\_\_\_\_  
 (required for insurance purposes)

Parent's Names: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 (for registration reminders & other league news)

Medical problems/allergies: \_\_\_\_\_

Born 8/1/95 to 7/31/97 (U-6)

Born 8/1/93 to 7/31/95 (U-8)

Born 8/1/91 to 7/31/93 (U-10)

Born 8/1/86 to 7/31/91 (U-12/15)

**\*ALL GIRLS DIVISION\***

*TYSL has an all girls U8, U10, & U12 division. If your daughter is in the U8, U10, or U12 division and would like to play on an all girls team, please check this box.*

*Minimum of 4 teams (10 players to a team) are needed per division (U8, U10, & U12 all girls division); otherwise the divisions will have to be combined. Check here if you do not want the combined division and would prefer coed under this circumstance.*

**MEDICAL DECLARATION/PERMISSION TO ADMINISTER ASSISTANCE:**  
 I hereby attest to fact that to the best of my knowledge, my child does not have any condition which prohibit or severely restrict his/her participation in Soccer nor have I been advised that he/she should refrain from participating in the type of activity associated with the sport of Soccer. In addition, I give permission to TYSL and /or any of its associates to seek medical or dental help for my child in case of accident in the event that I am unable to be contacted to give approval for such assistance. This care may be given under whatever conditions are deemed necessary to preserve life, limb or well being.

**LIABILITY RELEASE:** I, the parent/guardian of the registrant, a minor child, agree that I will abide by the rules of the United States Youth Soccer Association (USYSA) its affiliated organizations and sponsors. Recognizing that there is a possibility of injury in the sport of Soccer, in consideration for the USYSA accepting the registration for its program/activities, hereby release, discharge and/or otherwise indemnify and hold blameless the USYSA, its affiliated organizations, sponsors, employees and associated personnel (including owners of the fields and facilities used for programs) against any claim by or on behalf of the registrant as a result of his/her participation in the program.

**Parent/Guardian Signature:** \_\_\_\_\_  
 (signature valid until July 1, 2002)

**The Timberlane Youth Soccer League is run and coached by volunteers. Your help as a parent is also needed for the league to remain a success. The league sponsors training clinics to assist people new to Soccer, the only requirement is a desire to spend time with your child and have fun. If you have any questions as to how you can help, please call.**

Coach (first name) \_\_\_\_\_ Assistant (first name) \_\_\_\_\_ for: U-6 \_\_\_ U-8 \_\_\_ U-10 \_\_\_ U-12/U-15 \_\_\_

Team Sponsor Name (INCLUDE \$200.00 per season): \_\_\_\_\_

Request to be with another player \_\_\_\_\_

Team or coach request \_\_\_\_\_  
**(REQUESTS ARE NOT GUARANTEED. Preference is given to league volunteers and sponsors.)**

**LEAGUE USE ONLY** - CASH \_\_\_ CHECK# \_\_\_\_\_ MONEY ORDER#: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_