

# SOCCER REGISTRATION SPRING 2021



**Hutchinson  
United Soccer  
Association**

**Sponsored by: HUSA**



**In conjunction with: Hutchinson PRCE**

**Participants:** MYSA Blue Division Competitive Teams ages 12-18

**Location:** Hutchinson High School and Middle School Soccer Fields

**Games:** Potential of 10 Competitive Games and 1 Tournament for each team

**Fee:** \$120 per player. (After 2/19/21, there will be a \$30 late fee and you will be put on a wait list.)

**Pre-Season Parent Meeting:** 3/15/2021 7:00pm

**For more information, contact:**

John McRaith, Registrar

[jmcraith@ci.hutchinson.mn.us](mailto:jmcraith@ci.hutchinson.mn.us)

320-234-5636



**Please Print:**

Spring League (by 2/19/21) \$120 \_\_\_\_\_ Spring (after 2/19/21) \$150 \_\_\_\_\_

T-shirt Size (circle one): YS YM YL AS AM AL AXL

Player Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (Parent) \_\_\_\_\_ (Player) \_\_\_\_\_

Player Phone (\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone# H \_\_\_\_\_

W \_\_\_\_\_ C \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Parent interested in Coaching or being a Team Manager or Referee? Yes \_\_\_\_ No \_\_\_\_

Past Soccer Experience (optional) \_\_\_\_\_

**More HUSA soccer information can be found at:**

[www.hutchsoccer.com](http://www.hutchsoccer.com)



**One form per player. No Refunds.**

**Bring your registration form / payment to:** (Checks payable to Hutchinson PRCE)

Hutchinson Parks and Recreation

900 Harrington St.

Hutchinson, MN 55350

**To register and pay by phone: 320-587-2975**

**Register Online: [www.hutchinsonprce.com](http://www.hutchinsonprce.com) (forms will be online to print)**

**E-mail your completed form to: [Hutchprce@ci.hutchinson.mn.us](mailto:Hutchprce@ci.hutchinson.mn.us)**

**Parent/Guardian Agreement and Consent for Medical Treatment**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, 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.

As the parent or legal guardian of a participant in USYSA-MYSA programs, 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.

**Parent/Guardian Signature**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_