

US YOUTH SOCCER MEMBERSHIP FORM



RETURNING TO SAME TEAM? YES NO

HOW DID YOU HEAR ABOUT US? _____

LEAGUE NAME _____ AGE GROUP U/ _____

CLUB / TEAM NAME _____ TEAM # _____

PLAYER INFORMATION - PLEASE PRINT CLEARLY AND PRESS FIRMLY

First Name _____ Last Name _____ M F

Address _____ City _____

State _____ Zip _____ Major cross streets _____

Home Phone () _____ Birth date - - School Attending _____

Lives with : Mother Father Both Other (check one)

Father's Name _____ Occupation _____

Cell Phone Number () _____ E-mail _____

Mother's Name _____ Occupation _____

Cell Phone Number () _____ E-mail _____

Parental Support
 We ask for participation of all Parents in our program.
 Circle area(s) in which You would be willing to help.

Coach	Flyer Delivery
Asst. Coach	Referee Mentor
Team Parent	Certified referee
Commissioner	Office help
Registration helper	Publicity
Tournament Day helper	
Field set up	

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Phone number _____

Number prior years played _____ Last team _____ Last League _____ Last year played _____
 Fall \ Extended \ Spring (circle one)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organization and sponsors and have read the **Players Affiliation Agreement on the back of this form**. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS 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 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. By signing this form I understand my child is bound to the above named team for the entire seasonal year.

 Parent/Legal Guardian (Please Print)

 Signature Date

CONSENT FOR MEDICAL TREATMENT (MINOR)
 As the parent or legal guardian of the above-named player, 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.

Signature of Parent/Legal Guardian _____

X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus: _____

OFFICIAL USE ONLY		REGISTRATION FEES:		Cash Receipt # _____	
Picture Received	<input type="radio"/> Yes <input type="radio"/> No	Player Fee	\$ _____	Check # _____	
Birth Date Verified	<input type="radio"/> Yes <input type="radio"/> No	Other Fee	\$ _____	Rec'd by _____	
		Other	\$ _____	Date _____	
			TOTAL \$ _____		



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date