

USYSA Membership Form

FOR LEAGUE USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/
- CORRECTION



United States Youth Soccer Association

Youth Division of the United States Soccer Federation (USSF)
 Affiliated with the Federation Internationale de Football Association (FIFA)

OFFICIAL USE ONLY

League Name _____ Age Group _____ Div. _____
 Club/Team Name(s) _____
 (USE CODE ONLY) Region _____ State _____ District _____ League _____ Club _____ Team _____
 Recreational - R
 Competitive - C

I.D. # _____

Last Name _____ First Name _____ Init _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month _____ Day _____ Year _____
 Birthdate _____ Male = M Female = F
 P
 Player=P Coach=C
 Coach's License Level _____

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number prior seasons played _____ Last Team _____ Last League _____ Date of Last Season _____

Height _____ Weight _____ School _____ Grade _____

	YOUTH	ADULT	Other Children	Age _____	
SHIRTS	XS S M L XL	XS S M L XL	From Family	Age _____	email address 1 _____
SHORTS	XS S M L XL	XS S M L XL	Presently in	Age _____	email address 2 _____
SOCKS	XS S M L XL	XS S M L XL	League		

PARENTAL SUPPORT

We ask for active participation of all parents in our program

Check area(s) in which you would be willing to help

- | | |
|---|------------------------------------|
| <input type="radio"/> Coach | <input type="radio"/> Committee |
| <input type="radio"/> Asst. Coach | <input type="radio"/> Referee |
| <input type="radio"/> Team Manager | <input type="radio"/> Fund raising |
| <input type="radio"/> Team Parent | <input type="radio"/> Clerical |
| <input type="radio"/> Special Projects | <input type="radio"/> Reporter |
| <input type="radio"/> Field Preparation | <input type="radio"/> Newsletter |
| <input type="radio"/> Board Member | <input type="radio"/> Concessions |
| <input type="radio"/> Publicity | <input type="radio"/> Donor |

Other _____

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.

Name _____
 Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give 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 or Guardian
 X _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Bus. _____

OFFICIAL USE ONLY	Picture Received	<input type="radio"/> Yes <input type="radio"/> No
Registration Fees	Birthdate Verified	<input type="radio"/> Yes <input type="radio"/> No
Player Fee	\$ _____	
Coach's Fee	\$ _____	Received by _____
Other	\$ _____	Date _____
TOTAL	\$ _____	
Cash	<input type="radio"/>	\$ _____
Check No:	_____	\$ _____