



**Nevada South Youth Soccer League Membership Form  
Affiliated with United States Youth Soccer**

If returning, do you want to return to same team? Yes  No

League Name: Nevada South Youth Soccer League Age Group U- \_\_\_\_\_

Team Name \_\_\_\_\_

Player Information/ Print clearly:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of Years Played \_\_\_\_\_ Last Team played for \_\_\_\_\_

Parental Support if interested:

Coach

Asst. Coach

Office Help

Referee

Field Set-Up

Tournament Help

I, the parent/guardian of the registrant, a minor, agree that I and registrant will abide by rules of the USYS. Their affiliated organization and sponsor 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 organization 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. (11 and above).

\_\_\_\_\_  
Parent/ Legal Guardian (PRINT PLEASE)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICIAL USE ONLY:

PICTURE \_\_\_\_\_ BIRTHDATE VERIFIED \_\_\_\_\_ PAYMENT \_\_\_\_\_

CHECK OR MONEY ORDER # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PLAYERS AFFILIATION AGREEMENT NEVADA YOUTH SOCCER ASSOCIATION/NEVADA SOUTH YOUTH SOCCER LEAGUE

In consideration of, and in return for, membership in the Nevada State Youth Soccer Association (NYSA) and/or US Club Soccer, the signed player hereby agrees as follows:

- That we will fully comply with the Constitution and Bylaws, the Rules, Regulations and any decisions of the board of Directors of the NYSA and/or US Club Soccer.
- That we fully comply with the rules, regulations and bylaws of our respective affiliated league and the decisions of league administrators and officials.
- A plea of ignorance if the constitution, bylaws, general procedures and specific rules of this Association is not sufficient and violators may expect appropriate action by the Board of Directors of this Association.
- That we shall not invoke the aid of courts of any State or of the United States without first exhausting all available remedies, including Protest and Appeal through NYSA and or US Club Soccer and any other regular channels of organized soccer. Regular channels of organized soccer shall include the Nevada State Youth Soccer Association (NYSA) and/or US Club Soccer and the United States Soccer Federation (USSF). In the event we or any member of the team shall violate the terms of this paragraph, we agree to pay for any and all costs, expenses and attorney's fees incurred by the NYSA/US Club Soccer and/or the league in defending against any such premature action, at any time while playing for the NYSA.
- That as used in the Agreement and deemed appropriate by NYSA/US Club Soccer and/or league officials, the singular shall include the plural and the plural shall include the singular.
- A youth player is defined as any player U/19 years of age playing on any team within the jurisdiction of the NYSA/US Club Soccer.
- Any player signing with a team is bound to that team as outlined in the NYSA and/or US Club Soccer policy and procedure manual.
- I am consenting to the use of the registrant's name and any photographic images of the registrant in marketing, advertising and/or promotion of youth soccer by FIFA, USYS, USYSNV and any affiliated League.



**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