

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 _____

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Phone number _____

Number prior _____ Last year played _____

years played _____ Last team _____ Last League _____ 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 _____

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

<input type="checkbox"/> Coach	<input type="checkbox"/> Flyer Delivery
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee Mentor
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Certified referee
<input type="checkbox"/> Commissioner	<input type="checkbox"/> Office help
<input type="checkbox"/> Registration helper	<input type="checkbox"/> Publicity
	<input type="checkbox"/> Tournament Day helper
	<input type="checkbox"/> Field set up

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:

Picture Received Yes No
Birth Date Verified Yes No

Player Fee \$ _____
Other Fee \$ _____
Other..... \$ _____

Cash Receipt # _____
Check # _____
Rec'd by _____
Date _____

TOTAL \$ _____