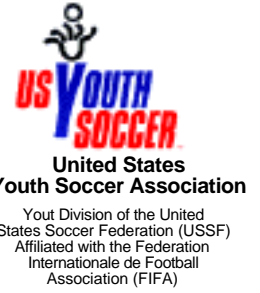


# USYSA Membership Form

FOR LEAGUE USE ONLY  
 TRANSFER  
 NEW  
 REREGISTRATION  
 CHANGE/  
 CORRECTION



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 \_\_\_\_\_ Male = M Fem = F  
 Birthdate \_\_\_\_\_ P \_\_\_\_\_  
 Coach = C Coach's License Level \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ 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  
 SHIRTS XS S M L XL XS S M L XL Children Age \_\_\_\_\_  
 SHORTS XS S M L XL XS S M L XL From Family Age \_\_\_\_\_ email address 1 \_\_\_\_\_  
 SOCKS XS S M L XL XS S M L XL Presently in League Age \_\_\_\_\_ email address 2 \_\_\_\_\_

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

### PARENTAL SUPPORT

We ask for active participation of all parents in our program

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

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other \_\_\_\_\_

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