

US Youth Soccer Membership Form

FOR LEAGUE USE ONLY
 TRANSFER
 NEW
 RE-REGISTER
 CHANGE/
 CORRECTION



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

OFFICIAL USE

OFFICIAL USE ONLY

LEAGUE NAME _____ AGE GROUP _____ DIV. _____

CLUB/TEAM NAMES _____

(USE CODE ONLY) → **3 A** **0 9** _____
 REGION STATE DISTRICT LEAGUE CLUB TEAM REC=R
 COMP=C

I.D. # _____

PLAYER DATA

PLAYER DATA

NAME: _____ SEX: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____

LAST LAST

TEAM: _____ LEAGUE: _____

LAST

SEASONS PLAYED: _____ SEASON DATE: _____

JERSEY/T-SHIRT SIZE: _____

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 _____
 Parent/Legal Guardian (please print)

Signature **X** _____

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. I am willing that a dated and signed copy of this authorization have the same force and effect as an original.

Signature of Parent or Guardian

X _____

PARENT DATA

PARENT DATA

FATHERS NAME: _____

OCCUPATION: _____ WORK PHONE: _____

MOTHERS NAME: _____

OCCUPATION: _____ WORK PHONE: _____

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

Other: _____

MEDICAL/EMERGENCY DATA

MEDICAL/EMERGENCY DATA

ANY KNOWN MEDICAL PROBLEMS: _____

NOTIFY IN AN EMERGENCY: PHONE: _____

NAME: _____

DOCTOR IN AN EMERGENCY: PHONE: _____

NAME: _____

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PICTURE RECEIVED YES NO
 BIRTHDATE VERIFIED YES NO

REGISTRATION FEES:
 PLAYER FEE \$ _____ Received By _____

OTHER \$ _____ Date _____

TOTAL \$ _____

CASH \$ _____

CHECK NO. _____ \$ _____