

USYSA Membership Form

SAMPLE

FOR LEAGUE USE ONLY

- NEW
- TRANSFER
- CHANGE/
CORRECTION
- RE-REGISTRATION



**United States
Youth Soccer Association**

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

DO NOT FILL OUT THIS SECTION

OFFICIAL USE ONLY

League Name _____ Age Group _____ Div. _____

Club/Team Name(s) **DO NOT FILL OUT THIS SECTION**

(USE CODE ONLY) Region _____ State _____ District _____ League _____ Club _____ Team _____ Recreational = R Competitive = C

I.D. # _____

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

Last Name S m i t h First Name J o h n / J a n e Initial A

Address 1 2 3 A n y w h e r e S t City M y t o w n

O K State 1 2 3 4 5 Zip Code 4 0 5 1 2 3 4 5 6 7 Area Code 0 1 0 2 9 1 Telephone Number F Month P Day Birthdate Year Male = M Female = F P Player = P Coach = C Coach's License Level

Father's Name Bill Smith Occupation Self -Employed Bus. Phone 405-123-4567
 Mother's Name Mary Smith Occupation Data Entry Optional Bus. Phone 405-123-4567
 List any medical problem or prohibition player has None
 Person to notify in emergency Robert Smith Telephone 405-123-4567
 Doctor to notify in emergency Dr. Steve Jones Telephone 405-123-4567
 Number Prior Seasons Played 4 Last Team Bumblebees Last League Under 10 Girls Date of Last Season 2001
 Height 5' 0" Weight 80 lbs School John Henry Elementary Grade 5th

UNIFORM SIZE
 YOUTH SHIRTS: XS S M L XL ADULT SHIRTS: S M L XL
 SHORTS: XS S M L XL ADULT SHORTS: S M L XL
 SOCKS: XS S M L XL ADULT SOCKS: S M L XL

Other Children From Family Presently in League:
 Name Sally Smith Age 8
 Name _____ Age _____
 Name _____ Age _____

Email Address: _____

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 Bill Smith
 Parent / Legal Guardian (please print)
 Signature X SIGN HERE Date 06-01-2001

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
- Assistant 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 SIGN HERE
 Address 123 anywhere st
 City Mytown State OK Zip 73034
 Phone: Home 405-123-4567 Bus. 405-123-4567

OFFICIAL USE ONLY

Picture Received Yes No
 Birthdate Verified Yes No

Registration Fees:
 Player Fee \$ _____
 Coach's Fee \$ _____
 Other \$ _____ Date _____

DO NOT FILL OUT THIS SECTION

TOTAL \$ _____
 Cash \$ _____
 Check No. _____ \$ _____