

USYSA Membership Form

FOR LEAGUE USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION



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

OFFICIAL USE ONLY

League Name _____ Age Group _____ Div. _____ Y/O _____
 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 _____
Birthdate Male = M Female = F P Player=P Coach=C

Father's Name _____ Occupation _____ Bus. Phone _____
 Mother's Name _____ Occupation _____ Bus. 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 _____
 School _____ Public School District _____ Grade _____
 email address 1 _____
 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:	_____	\$ _____