

# US YOUTH SOCCER MEMBERSHIP FORM



CLUBS

TEAM

TEAM #  AGE  GENDER  JERSEY #

F or M

WSSA ID # \_\_\_\_\_

**PLEASE PRINT FIRMLY AND LEGIBLY**

PLAYER

NAME

LAST FIRST MI

ADDRESS  CITY

ST  ZIP  AREA  PHONE  (M)  (D)  (YEAR)

E-Mail  DATE OF BIRTH  Player - P  Coach's License

P Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ (W) \_\_\_\_\_

A Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ (W) \_\_\_\_\_

R List any medical problems or prohibitions player has \_\_\_\_\_

E Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

N Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

T Number of prior seasons played \_\_\_\_\_ Last WSSA Team \_\_\_\_\_

Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_

**IMPORTANT**

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's status as a participant in the Programs.

Name \_\_\_\_\_ Name \_\_\_\_\_

Parent/Guardian (Please Print) Player (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature Date Player Signature Date

**CONSENT FOR MEDICAL TREATMENT FOR A MINOR**

M  
E  
D  
I  
C  
A  
L

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 life, limb and well-being of my dependent.

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Business \_\_\_\_\_