

<h2 style="margin: 0;">USYSA Membership Form</h2> <p style="margin: 0;">PLEASE RETAIN FOR YOUR RECORDS</p>	<b>FOR LEAGUE USE ONLY</b> <input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER <input type="checkbox"/> CHANGE/ CORRECTION <input type="checkbox"/> RE-REGISTRATION	<b>Official Use Only</b> Division/Gender _____ Current Team _____ Need BC _____ Payment owed _____ Special request _____
<h1 style="margin: 0;">HARRAH SOCCER CLUB</h1> <p style="margin: 0;">www.harrahsoccerclub.org</p> <p style="margin: 0;">Visit us on </p>		

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE MULTIPLE CLEAR COPIES.

Last Name _____	First Name _____	Initial _____
Address _____		City _____
State _____	Zip Code _____	Area Code _____
Telephone Number _____	Month _____	Day _____
	Year _____	Male = M Female = F

Father's Name _____	Occupation _____	Bus. Phone _____
Mother's Name _____	Occupation _____	Bus. Phone _____
List any medical problem or prohibition player has _____		
Person to notify in an emergency _____	Telephone _____	
Doctor to notify in an emergency _____	Telephone _____	
Number Prior _____	Last _____	Last _____
Seasons Played _____	Team _____	League _____
Date of Last Season _____		
E-Mail _____		
E-Mail _____		

<p>I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's 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, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as the result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>Name _____ Parent/ Legal Guardian (please print)</p> <p>Signature X _____ Date _____</p>	<p style="text-align: center;"><b>PARENTAL SUPPORT</b></p> <p style="text-align: center; font-size: x-small;"><i>We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.</i></p> <table style="width: 100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Coach</td> <td><input type="checkbox"/> Board Member</td> <td><input type="checkbox"/> Clerical</td> </tr> <tr> <td><input type="checkbox"/> Assistant Coach</td> <td><input type="checkbox"/> Publicity</td> <td><input type="checkbox"/> Reporter</td> </tr> <tr> <td><input type="checkbox"/> Team Manager</td> <td><input type="checkbox"/> Committee</td> <td><input type="checkbox"/> Newsletter</td> </tr> <tr> <td><input type="checkbox"/> Team Parent</td> <td><input type="checkbox"/> Referee</td> <td><input type="checkbox"/> Concessions</td> </tr> <tr> <td><input type="checkbox"/> Special Projects</td> <td><input type="checkbox"/> Fund Raiser</td> <td><input type="checkbox"/> Donor</td> </tr> <tr> <td><input type="checkbox"/> Field Preparation</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Coach	<input type="checkbox"/> Board Member	<input type="checkbox"/> Clerical	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Publicity	<input type="checkbox"/> Reporter	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Committee	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Referee	<input type="checkbox"/> Concessions	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Donor	<input type="checkbox"/> Field Preparation			<input type="checkbox"/> Other _____		
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<p style="text-align: center;"><b>CONSENT FOR MEDICAL TREATMENT (MINOR)</b></p> <p style="font-size: x-small;">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 wellbeing of my dependent.</p> <p>Signature of Parent or Guardian _____</p> <p>X _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone: Home _____ Bus. _____</p>	<p><b>OFFICIAL USE ONLY</b>      Birthdate Verified    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Registration Fees:</b></p> <p>Player Fee ..... \$ _____</p> <p>Coaches Discount ..... \$ _____</p> <p>Sibling Discount ..... \$ _____</p> <p>Pre-Reg. Discount ..... \$ _____</p> <p style="text-align: right;">Total \$ _____</p> <p style="text-align: right;">Cash \$ _____</p> <p style="text-align: right;">Check No. _____ <input type="checkbox"/> \$ _____</p> <p style="text-align: right;">Received _____</p> <p style="text-align: right;">Date _____</p>
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