

USYSA Membership Form

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)

OFFICIAL USE ONLY

League Name _____ Age Group _____ Div. _____

Club/Team Name(s) _____

(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 _____ First Name _____ Initial _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month _____ Day _____ Year _____
 Male = M Female = F Player = P Coach = C Coach's License Level _____

Father's Name _____ Occupation _____ Optional _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Optional _____ 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 _____

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

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

Other Children From Family Presently in League:

Name	Age
_____	_____
_____	_____
_____	_____

Email Address:

Name _____ Parent / Legal Guardian (please print)

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.

- | | | |
|--|---------------------------------------|--------------------------------------|
| <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 Raising | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Field Preparation | | |

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: Home _____ Bus. _____

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Picture Received Yes No
 Birthdate Verified Yes No

Registration Fees:

Player Fee \$ _____

Coach's Fee \$ _____ Received _____

Other \$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____