FOR LEAGUE **USYSA Membership Form** USE ONLY NEW TRANSFER CHANGE/ CORRECTION RE-REGISTRA-TION OFFICIAL USE ONLY **United States** Youth Soccer Association Youth Division of the United States Soccer Federation (USSF) Affiliated with the Federation Internationale de Football Association (FIFA) I.D. # Recreational = R Competitive = C PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES. Address Male = M Zip Code Area Code Telephone Number Day Birthdate License Level Bus. Phone Occupation Father's Name Optional Bus Phone Mother's Name Occupation Ontiona List any medical problem or prohibition player has Telephone Person to notify in emergency Telephone Doctor to notify in emergency Number Prior Last Date of Seasons Played Team League Last Season Weight Grade Height Other Children From Family Presently In League: Email Address: UNIFORM SIZE YOUTH ADULT Name M XL SHIRTS: XS S S M 1 XI L Age Name S SHORTS:: XS S M L XL M L XL SOCKS: XS S M L XL S M L XL Age Name PARENTAL SUPPORT I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help. Coach □ Board Member □ Clerical 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 □ Coach its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise ☐ Publicity ☐ Assistant Coach Reporter indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated Team Manager □ Committee □ Newsletter 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 ☐ Team Parent ☐ Referee Concessions being transported to or from the same, which transportation I hereby authorize. Special Projects ☐ Fund Raising ☐ Donor ☐ Field Preparation Name Parent / Legal Guardian (please print) Other Signature X Date CONSENT FOR MEDICAL TREATMENT (MINOR) OFFICIAL USE ONLY Picture Received As the parent or legal guardian of the above-named player, I hereby Birthdate Verified ☐ Yes give consent for emergency medical care prescribed by a duly licensed Registration Fees: 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. Coach's Fee..... Signature of Parent or Guardian Received TOTAL Address State Cash Zip City_ Check No. Phone: Home OSA2000 2