USYSA Membership Form

FOR LEAGUE USE ONLY
- ☐ TRANSFER
- ☐ NEW
- ☐ REREGISTRATION
- ☐ CHANGE/CORRECTION

YOUTH SOCCER

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

I.D. #

Administrative Use Only:

Birth Certificate _____
Paid: _____
Travel League: _____
Division: U6 _____
U8 _____
U10 _____
U12 _____
U14 _____
U17 _____

Parents willing to help: _____

Comments: _____

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

Last Name _____ First Name _____ Init. _____

Address _____ City _____

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

Father's Name _____ Occupation N/A Optional Bus. Phone _____

Mother's Name _____ Occupation N/A 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 _____ 19__

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

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

Other Children From Family Presently In League: N/A _____ Age ____ Age ____ Age ____

PLEASE HELP US MAKE THE LEAGUE RUN SMOOTH

IMPORTANT

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 _____
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.

- ☐ 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: Home _____ Bus _____

OFFICIAL USE ONLY — Picture Received ☐ Yes ☐ No
Birthdate Verified ☐ Yes ☐ No

Registration Fees
Player Fee $ _____
Coach's Fee $ _____ Receive
Other $ _____
TOTAL $ _____ $
Cash ☐
Check No.