

# USYSA Membership Form



CLUB USE

Team \_\_\_\_\_

Team # \_\_\_\_\_

Age Group \_\_\_\_\_

Jersey # \_\_\_\_\_

Player I.D. # \_\_\_\_\_

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

PLAYER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

PARENT

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Last CSYSA Team \_\_\_\_\_ Date of last season \_\_\_\_\_ 20 \_\_\_\_\_

## 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 \_\_\_\_\_ Parent/Guardian (Please print) Name \_\_\_\_\_ Player (Please print)

Signature X \_\_\_\_\_ Date: \_\_\_\_\_ Signature X \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

MEDICAL

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 and well-being of my dependent.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_