

# U.S. YOUTH SOCCER MEMBERSHIP FORM

Season 2004 / 2005

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



Affiliated with  
**U.S. Youth Soccer**

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div. \_\_\_\_\_

Club/Team Name(s) \_\_\_\_\_

(USE CODE ONLY) → **4 B**   **6 3**   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Region   State   District   League   Club   Team

Division = 1, 3, 4, 5

CYSA I.D. # \_\_\_\_\_

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_ (Optional)

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birth Date \_\_\_\_\_ Male=M Female = F

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

E-Mail: \_\_\_\_\_ Optional

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

E-Mail: \_\_\_\_\_ Optional

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

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

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

Number prior Last Last Date of seasons played Team League Last Season \_\_\_\_\_ 20 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

	YOUTH				ADULT				Other Children	Age _____		
SHIRTS:	XS	S	M	L	XL	XS	S	M	L	XL	From Family	Age _____
SHORTS:	XS	S	M	L	XL	XS	S	M	L	XL	Presently	Age _____
SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL	In League	Age _____

## IMPORTANT

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc. (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA 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 USYS and CYSA Parties the right to use 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: \_\_\_\_\_  
Print Name of Parent/Legal Guardian/Player Age 18 or Over

Signature: \_\_\_\_\_

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"/> Committee    |
| <input type="checkbox"/> Asst. Coach       | <input type="checkbox"/> Referee      |
| <input type="checkbox"/> Team Manager      | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Team Parent       | <input type="checkbox"/> Clerical     |
| <input type="checkbox"/> Special Projects  | <input type="checkbox"/> Reporter     |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> Board Member      | <input type="checkbox"/> Concessions  |
| <input type="checkbox"/> Publicity         | <input type="checkbox"/> Donor        |

Other \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above-named player, or player age 18 or over 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/Legal Guardian/Player Age 18 or Over

\_\_\_\_\_

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 ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

CASH  \$ \_\_\_\_\_

Check No. \_\_\_\_\_ \$ \_\_\_\_\_

Received By \_\_\_\_\_

Date \_\_\_\_\_