

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 **FCSA** Age Group **U** Div. _____

Club/Team Name(s) **NOKC**

(USE CODE -- ONLY) **3A** **09** **A** _____ **D08** _____
 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 Birthdate _____ 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
 SHIRTS: YOUTH XS S M L XL ADULT 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 _____
 Name _____ Age _____
 Name _____ Age _____
Email Address: _____

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 Board Member Clerical
 Assistant Coach Publicity Reporter
 Team Manager Committee Newsletter
 Team Parent Referee Concessions
 Special Projects Fund Raising Donor
 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. _____

OFFICIAL USE ONLY
 Picture Received Yes No
 Birthdate Verified Yes No
Registration Fees:
 Player Fee \$ _____
 Coach's Fee \$ _____
 Other \$ _____
TOTAL \$ _____
 Cash \$ _____
 Check No. _____ \$ _____