

USYSA Membership Form

www.edmondsoccer.com

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 _____ Div. _____

Club/Team Name(s) **EDMOND SOCCER CLUB**

(USE CODE → ONLY) **03** **OK** **FCSA**
 Region State District 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 _____

Email _____ Area Code _____ Telephone Number _____ Month _____ Date _____ Year _____
 Birthdate 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 _____

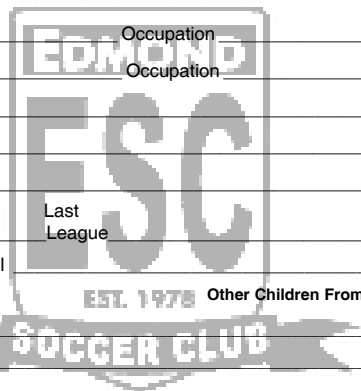
Doctor to notify in emergency _____ Telephone _____

Number Prior Last Last Date of
 Seasons Played Team League Last Season

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

	YOUTH	ADULT	Name _____	Age _____
SHIRTS:	XS S M L XL	S M L XL	Name _____	Age _____
SHORTS:	XS S M L XL	S M L XL	Name _____	Age _____
SOCKS:	XS S M L XL	S M L XL	Name _____	Age _____



Other Children From Family Presently in League:

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) you will help with this season.

- Coach
- Assistant Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee Member
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-name 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. _____

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Picture Received Yes No
 Birthdate Verified Yes No

Registration Fees:	Amt. Received	Date
Player Fee	\$ _____	_____
Coach's Fee	\$ _____	_____
Other	\$ _____	_____
TOTAL	\$ _____	
Cash <input type="checkbox"/>	\$ _____	
Check No. _____	\$ _____	