

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 _____ Age Group _____ Div. _____
 Club/Team Name(s) **EDMOND SOCCER CLUB**
 (USE CODE → ONLY) **03** **OK** **FCSA**
 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 _____
 Email _____ Area Code _____ Telephone Number _____ Month _____ Date _____ Year _____
 Male = M Female = F Player = P Coach = C Coach's License Level _____

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 _____
 Number Prior Seasons Played _____ Last Team _____ Last League _____ Date of Last Season _____
 Height _____ Weight _____ School _____ Grade _____
 Other Children From Family Presently in League: _____ Email Address: _____

UNIFORM SIZE						
	YOUTH			ADULT		
SHIRTS:	XS	S	M	L	XL	S M L XL
SHORTS:	XS	S	M	L	XL	S M L XL
SOCKS:	XS	S	M	L	XL	S M L XL

 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____

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 Board Member Clerical
 Assistant Coach Publicity Reporter
 Team Manager Committee Member 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-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. _____

OFFICIAL USE ONLY

Picture Received Yes No
 Birthdate Verified Yes No

Registration Fees:
 Player Fee \$ _____
 Coach's Fee \$ _____
 Other \$ _____
TOTAL \$ _____
 Cash \$ _____
 Check No. _____ \$ _____