

US Youth Soccer Membership Form

KANSAS YOUTH SOCCER ASSOCIATION

FOR LEAGUE USE ONLY

TRANSFER
NEW
REREGISTRATION
CHANGE/CORRECTION



National Association of the United States Soccer Federation (USSF)
Affiliated with the Federation Internationale de Football Association (FIFA)

ID# _____

Recreational = R
Competitive = C

League Name _____ Age Group _____ Div. _____

Club/Team Name(s) _____

Last Name _____ First Name _____ Init. _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____
Month _____ Day _____ Year _____
Birthdate _____ Male = M Female = F Player = P Coach = C Coach's License level _____

Father's Name _____ Occupation _____ Bus. Phone _____
Optional

Mother's Name _____ Occupation _____ Bus. Phone _____
Optional

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 and Year of Last Season _____

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

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

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, 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 _____ 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 | Committee |
| Asst. Coach | Referee |
| Team Manager | Fund Raising |
| Team Parent | Clerical |
| Special Projects | Reporter |
| Field Preparation | Newsletter |
| Board Member | Concessions |
| Publicity | Donor |
| 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.....	\$ _____	Received by _____ Date _____
Coach's Fee	\$ _____	
Other	\$ _____	
Total	\$ _____	
Cash	<input type="checkbox"/>	
Check No.	_____	