



# PLAYER MEMBERSHIP FORM

Revised 04-2004

\_\_\_\_ PRIMARY TEAM    \_\_\_\_ SECONDARY TEAM

2050 N. Plano Road, Suite 100  
Richardson, TX 75082  
1800-4-SOCCER  
1-214-235-4499  
Youth Division of US Soccer  
Affiliated with the Federation  
Internationale de Football  
Association (FIFA)

TEAM NAME \_\_\_\_\_

AGE GROUP \_\_\_\_\_ DIVISION \_\_\_\_\_

-2-     -24-     -2-     -48-    \_\_\_\_\_    RECREATIONAL

REGION STATE DISTRICT LEAGUE CLUB TEAM \_\_\_\_\_

REVISED 05-02    WHITE COPY TO LEGAUE; YELLOW TO COACH    \_\_\_\_\_ COMPETITIVE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MALE (M) OR FEMALE (F) \_\_\_\_\_ BORN IN THE UNITED STATES?  YES  NO  
IF NOT, WHERE? \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION LEGIBLY**

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
*IF DIFFERENT FROM ABOVE*

OCCUPATION \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*IF DIFFERENT FROM ABOVE*

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
*IF DIFFERENT FROM ABOVE*

OCCUPATION \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*IF DIFFERENT FROM ABOVE*

ALTERNATE PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOCTOR TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LIST ALL MEDICAL CONDITIONS OF PLAYER \_\_\_\_\_

NO. OF PRIOR SEASONS PLAYED \_\_\_\_\_ LAST TEAM \_\_\_\_\_ LAST LEAGUE \_\_\_\_\_ DATE OF LAST SEASON \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARENTAL SUPPORT:  COACH  ASST.  MGR.  BOARD  OTHER \_\_\_\_\_  
*WE ASK FOR ACTIVE PARTICIPATION; PLEASE CHECK AREAS OF INTEREST.*

OTHER CHILDREN FROM FAMILY \_\_\_\_\_ AGE \_\_\_\_\_ \*OPEN REGISTRATION:  
PRESENTLY IN LEAGUE \_\_\_\_\_ AGE \_\_\_\_\_ PREFERRED LOCATION OF TEAM ASSIGNMENT?  
\*\*\*\*\* \_\_\_\_\_

**IMPORTANT**

I, the parent/guardian of the below named player, agree that I and the player will abide by the rules and regulations of US Youth, KSYSYSA, SCSSA, all other affiliated organizations and its sponsors ("US Youth Parties), in consideration of the player's participation in the soccer programs and activities of the US Youth Parties (the "Programs"), I, for myself and the players and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the US Youth Parties, the City of Wichita, Sluggers (Cooperstown d.b.a.), all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs including without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Youth Parties the right to use the player's name, picture and/or likeness in printed, broadcast 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.

\_\_\_\_\_  
PARENT NAME (PLEASE PRINT)                      SIGNATURE                      DATE

\_\_\_\_\_  
PLAYER NAME (PLEASE PRINT)                      SIGNATURE                      DATE

**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

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**OFFICE USE ONLY:**

Picture Received:  Yes  No

Birthdate Verified:  Yes  No

Player Registration Fees: \$ \_\_\_\_\_

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

Total \$ \_\_\_\_\_

\_\_\_\_\_ Cash                      \_\_\_\_\_ Check Number

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