



# INDIVIDUAL MEMBERSHIP FORM

South Texas  
Youth Soccer Association

Fees Paid



United States  
Youth Soccer Association

Youth Division of the United States Soccer Federation (USSF)  
Internationale de Football Association (FIFA)

Team Code             
Assn. Club Level Sex Age Team No.

Team Name \_\_\_\_\_ Age Group \_\_\_\_\_

I.D.# \_\_\_\_\_

Use Birth Certificate Names Only

\_\_\_\_\_ Last First Initial Nickname

Mailing Address \_\_\_\_\_

( ) Home Phone ( ) Daytime Phone for Adults

Date of Birth \_\_\_\_\_ Verified By \_\_\_\_\_ NYCC TEAM  Male  Female  Player  Coach  Asst. Coach  Other  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 \_\_\_\_\_ 19 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the STYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by 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 \_\_\_\_\_

### 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Bus. \_\_\_\_\_

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

Other \_\_\_\_\_

OFFICIAL USE ONLY Picture Received  Yes  No

Registration Fees: Birthdate Verified  Yes  No

Player Fee \_\_\_\_\_ \$ \_\_\_\_\_ Received By \_\_\_\_\_

Coach's Fee \_\_\_\_\_ \$ \_\_\_\_\_

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

TOTAL \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Check No. \_\_\_\_\_ \$ \_\_\_\_\_