

# USYSA Membership Form

## New Hampshire Soccer Association



### FOR OFFICIAL USE ONLY

### FOR LEAGUE USE ONLY

League Name \_\_\_\_\_

Group \_\_\_\_\_

Div \_\_\_\_\_

**PLEASE PRINT FIRMLY AND LEGIBLY** Transfer New Reregistration Change / Correction

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid Init \_\_\_\_\_ Male / Female \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Number of prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_ School Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of 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 program 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 \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my 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 \_\_\_\_\_ Date \_\_\_\_\_

### PARENTAL SUPPORT

Circle area(s) in which you would be willing to help: Coach Asst. Coach Field Preparation Team Parent

### OFFICIAL USE ONLY

Registration Fee: \_\_\_\_\_ Cash / Check No. \_\_\_\_\_ Picture Received: Y / N

Birth Date Verified: Y / N