



# 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)

STYSA

Team Code

Assn. Club Level Sex Age Team No.

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

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

Use Birth Certificate Names Only

Mailing Address Last First Initial Nickname

( ) Home Phone ( ) Daytime Phone for Adults

Date of Birth Month Day Year 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

	<b>YOUTH</b>				<b>ADULT</b>				Other Children	Age _____		
SHIRTS:	XS	S	M	L	XL	XS	S	M	L	XL	From Family	Age _____
SHORTS:	XS	S	M	L	XL	XS	S	M	L	XL	Presently	Age _____
SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL	in League	Age _____

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 \_\_\_\_\_

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

### 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. \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	Picture Received	____ Yes	____ No
<b>Registration Fees:</b>	Birthdate Verified	____ Yes	____ No
Player Fee _____	\$ _____	Received By _____	
Coach's Fee _____	\$ _____	_____	
Other _____	\$ _____	Date _____	
<b>TOTAL \$ _____</b>			
Cash \$ _____			
Check No. _____	\$ _____		