

TEAM NAME:		AGE GROUP:	U-	PLAYER:	<input type="checkbox"/>	LIC:	
				COACH:	<input type="checkbox"/>		
LAST NAME:		FIRST:		INIT:		SEX:	
STREET ADDRESS:		CITY:		ST:		TX	
ZIP CODE:		PHONE #:	()	DOB:		AGE:	
E-MAIL ADDRESS:							

FATHER'S NAME:		MOTHER'S NAME:	
OCCUPATION:		OCCUPATION:	
ALTERNATE PHONE #:	()	ALTERNATE PHONE #:	()

EMERGENCY CONTACT:		PHONE #:	()
DOCTOR TO NOTIFY:		PHONE #:	()
MEDICAL PROBLEMS:			

Last Team Played for	Last Association	Date of Last Season	# of Seasons	School	Grade

IMPORTANT

- I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors.
- Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.
- 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.
- I further grant the USYS parties the right to use the player's name, pictures 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.
- Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.
- **This consent will remain in full force and effect as long as my child remains registered on this team.**

Name: _____
 Parent/Legal Guardian (Please print)

Signature: _____ Date: _____

OFFICIAL USE ONLY

Birth Date Verified Yes No

Registration Fee \$ _____

Player Fee \$ _____

Coaches Fee \$ _____

Other \$ _____

Total Received \$ _____

Cash Check # _____

Date _____