

# USYSA Membership Form

## New Hampshire Soccer Association



FOR OFFICIAL USE ONLY

FOR LEAGUE USE ONLY

League Name \_\_\_\_\_ Group \_\_\_\_\_ Div. \_\_\_\_\_

- Transfer
- New
- Reregistration
- Change / Correction

PLEASE PRINT FIRMLY AND LEGIBLY

Member ID Number

-   -

Shirt	
Short	

Last Name _____	First Name _____	Mid Init _____	Male/Female _____
-----------------	------------------	----------------	-------------------

Address _____	Birth Date _____	Player=P Coach=C Administrator=A	Coach's Lic. Lev. _____
	Month / Day / Year		

City/Town _____	State _____	Zip Code _____	Area Code _____	Tele Numb _____
-----------------	-------------	----------------	-----------------	-----------------

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

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

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

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

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

Number of 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 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 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)

E-mail address _____
----------------------

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 of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

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

### PARENTAL SUPPORT

We ask for active participation of all parents in our programs. Check area(s) in which you would be willing to help.

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Coach             | <input type="checkbox"/> Special Projects  | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Asst. Coach       | <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Referee      |
| <input type="checkbox"/> Team Manager      | <input type="checkbox"/> Board Member      | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> Team Parent       | <input type="checkbox"/> Publicity         | <input type="checkbox"/> Donor        |
| <input type="checkbox"/> Other Areas _____ |  |                                       |

**OFFICIAL USE ONLY** Picture Received?  Yes  No  
 Birth Date Verified?  Yes  No

Registration Fee:  
 TOTAL \_\_\_\_\_ Received by \_\_\_\_\_  
 Cash  Check No. \_\_\_\_\_ Date \_\_\_\_\_