INDIVIDUAL MEMBERSHIP FORM

STYSA

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 ___/___/___ 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

Last seasons played_____ Team_____ Last League_____ Date of Last Season_____ 19 _____
Height_____ Weight_____ School_____ Grade_____

UNIFORM SIZE

	YOUTH	ADULT
SHIRTS:	XS S M L XL	XS S M L XL
SHORTS:	XS S M L XL	XS S M L XL
SOCKS:	XS S M L XL	XS S M L XL

Other Children From Family Presently in League

_____ Age _____
_____ Age _____
_____ Age _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, 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 em- ployees 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 transporta- tion I hereby authorize.

Name _____
Parent/Legal Guardian (please print)

Signature ___ X_____ Date _____

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

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 neces- sary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian

X_____
Address_____
City_____ State_____ Zip_____
Phone Home_____ Bus._____

E-MAIL ADDRESS_____

Please write your e-mail address VERY clearly so we can record it and communicate with you

OFFICIAL USE ONLY

Picture Received ☐ Yes ☐ No
Birthdate Verified ☐ Yes ☐ No

Registration Fees:

Player Fee ---------- $_____
Coach's Fee---------- $_____ _____ Received By
Other---------- $_____
_____ Date

TOTAL $_____
☐ Cash $_____
Check No. _____ $_____

Formed modified by SLSC to include a spot for an e-mail address - 5/10