

Please complete sections 2, 3, 4, and 5

ARIZONA YOUTH SOCCER ASSOCIATION

MEMBERSHIP FORM



Seasonal Yr: _____ to _____

1)

League Name _____ Age Group U- _____ Div _____

Club & Team _____

USE CODE ONLY →

District	League	Club	Team	Player	

Recreational = R
Competitive = C

2)

Last Name _____ First Name _____ Init. _____

E-mail _____

Address _____ City _____

AZ _____ Uniform Size
State Zip Code Area Code Telephone Number Month Day Year Birthdate Male = M (Y) S M L
Female = F (A) S M L XL

3)

Father's Name _____ Occupation _____ Bus. Phone _____
(Occupation)

Mother's Name _____ Occupation _____ Bus. Phone _____
(Occupation)

Legal Guardian _____ Occupation _____ Bus. Phone _____
(Occupation)

List any medical problems or prohibition of player _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

4)

IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture 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.

Name: _____ Print Name of Parent/Guardian Player: _____ Print Name

Signature X _____ Date: _____ Signature X _____ Date: _____

5)

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 X _____ Parent or Legal Guardian

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____
AC AC

MEDICAL RELEASE NOTARY

(Recommended for In-State play, Required for out-of-state)

Subscribed and sworn to me this day of,

_____ Day _____ Month _____ Year

My Commission Expires: _____

6)

CLUB/LEAGUE OFFICIAL USE ONLY

Registration Fee: \$ _____ Amount Paid: \$ _____ Cash Check Date: _____ Received by: _____