



BYSA Registration

Individual Membership Form



United States
 Youth Soccer Association
 Youth Division of the United States Soccer Federation (USSF)
 Internationale de Football Association (FIFA)

Email: _____

Use Birth Certificate Names Only:

Last

First

Nickname

Mailing Address _____

Home Phone or Mobile _____

Daytime Phone for Adults _____

Date of Birth _____

Month

Day

Year

Male

Female

AGE GROUP

Father's Name _____

Occupation _____

Bus. Phone _____

Mother's Name _____

Occupation _____

Bus. Phone _____

List any medical problem or prohibition player has. _____

Person and phone number to notify in an emergency _____

Doctor and phone number to notify in an emergency _____

UNIFORM SIZE

YOUTH					ADULT					
SHIRT	XS	S	M	L	XL	SHIRT	S	M	L	XL
SHORTS	XS	S	M	L	XL	SHORTS	S	M	L	XL

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	Referee
Asst. Coach	Field Preparation
Team Manager	Board Member
Team Parent	Publicity

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. The 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 _____ Phone (Bus) _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

Signature _____

Parent/Legal Guardian (please print) _____

OFFICIAL USE ONLY

TOTAL: _____ CASH _____ CHECK _____
 DATE: _____