

ARIZONA YOUTH SOCCER ASSOCIATION



MEMBERSHIP FORM

Seasonal Yr: _____ to _____

League Name _____	Age Group U- _____	Div _____				
Club & Team _____						
USE CODE ONLY →	_____ District	_____ League	_____ Club	_____ Team	_____ Player	Recreational = R Competitive = C

Last Name _____	First Name _____	Init. _____				
E-mail _____						
Address _____						
AZ State	_____ Zip Code	_____ Area Code	_____ Telephone Number	_____ Month Day Year Birthdate	_____ City	_____ Male = M Female = F

Father's Name _____	Occupation _____	Bus. Phone _____
	(Optional)	
Mother's Name _____	Occupation _____	Bus. Phone _____
	(Optional)	
Legal Guardian _____	Occupation _____	Bus. Phone _____
	(Optional)	
List any medical problems or prohibition of player _____		
Person to notify in emergency _____		Phone _____
Doctor to notify in emergency _____		Phone _____

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: _____	Player: _____
Print Name of Parent/Guardian	Print Name
Signature <input checked="" type="checkbox"/> _____	Signature <input checked="" type="checkbox"/> _____
Date: _____	Date: _____

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 _____
 Parent or Legal Guardian

Address _____

City _____ State _____ Zip _____

Phone _____ AC _____ Work _____ 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: _____

CLUB/LEAGUE OFFICIAL USE ONLY

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