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 _____ EMail Address _____

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 _____ Cell Phone _____

Mother's Name _____ Occupation _____ Cell Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number prior seasons played _____ Last Team _____ Last League _____ Date of Last Season _____ 19 ____

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

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

Name _____
Parent/Legal Guardian (please print)

Signature _____

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

Other _____

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 of Parent or Guardian

_____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus. _____

OFFICIAL USE ONLY

Picture Received ____Yes ____No

Birthdate Verified ____Yes ____No

Registration Fees:

Player Fee ---------- $_____

Coach's Fee ---------- $_____

Other ---------- $_____

TOTAL $_____

____Cash $_____

Check No. _____ $_____

Received By _____

_____ Date