



INDIVIDUAL MEMBERSHIP FORM

South Texas Youth Soccer Association

STYSA

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

E-Mail Address _____

Mailing Address _____
Last First Initial Nickname

() Home Phone () Daytime Phone for Adults

Date of Birth _____ Verified By _____
Month Day Year
 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 seasons played _____ Last Team _____ Last League _____ Date of Last Season _____ 19 _____

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE
YOUTH SHIRTS: XS S M L XL | ADULT SHIRTS: XS S M L XL | Other Children From Family Presently in League _____ Age _____
SHORTS: XS S M L XL | SHIRTS: XS S M L XL | _____ Age _____
SOCKS: XS S M L XL | SHIRTS: XS S M L XL | _____ 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
Registration Fees: Birthdate Verified _____ Yes _____ No

Player Fee _____ \$ _____ Received By _____

Coach's Fee _____ \$ _____

Other _____ \$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____