

# ARIZONA YOUTH SOCCER ASSOCIATION



## MEMBERSHIP FORM

Seasonal Yr: \_\_\_\_\_ to \_\_\_\_\_

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

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

|  |   |                  |
|--|---|------------------|
| Father's Name _____                                      | Occupation _____<br><small>(Optional)</small> | Bus. Phone _____ |
| Mother's Name _____                                      | Occupation _____<br><small>(Optional)</small> | Bus. Phone _____ |
| Legal Guardian _____                                     | Occupation _____<br><small>(Optional)</small> | Bus. Phone _____ |
| 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: _____<br><small>Print Name of Parent/Guardian</small>     | Player: _____<br><small>Print Name</small>                      |
| Signature <input checked="" type="checkbox"/> _____ Date: _____ | Signature <input checked="" type="checkbox"/> _____ 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: \_\_\_\_\_