



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. _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month Day Year _____ Male = M Female = F

Preference for AYSA Mailings
All AYSA Specific None

Father's Name _____ Occupation _____ (Optional) Bus. Phone _____

Mother's Name _____ Occupation _____ (Optional) Bus. Phone _____

Legal Guardian _____ Occupation _____ (Optional) 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: _____ Print Name of Parent/Guardian Player: _____ Print Name

Signature _____ Date: _____ Signature _____ 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: _____