

**SPECIAL EVENT
REGISTRATION FORM**
Registration valid for this event only
Revised 12/10

Name of Special Event:														
Date of Special Event:														
Team Name:			Age Group:			U-		Coaches Name:						
Last Name:		First Name:			Init		Player:				Lic:			
Coach:														
Street Address:				Apt #:		City:		St:				TX		
Zip Code:		Phone #:		()		DOB:		Age:		Sex:				
E-mail Address:										Grade:				
Father's Name:				Occupation:				Work Phone #:		()				
Mother's Name:				Occupation				Work Phone #:		()				
E-Mail Address:														
Person in an emergency:										Phone #:		()		
Doctor to Notify:										Phone #:		()		
List any Medical Problems:														

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the APrograms). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures 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. *Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.*

Name: _____
Parent/Legal Guardian (please print)

Signature: X _____ 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 of Parent or Guardian X _____

Address: _____ Apt #: _____

City: _____ TX Zip code: _____

Phone: Home () _____ Bus.: () _____

OFFICIAL USE ONLY	Picture Received	Yes	No
Registration Fees \$ _____	Birth Date Verified	Yes	No
Player Fee \$ _____			
Coaches Fee \$ _____			
Other \$ _____			
TOTAL Received \$ _____			
Cash _____ Check # _____			
			Date _____