

# USYSA Membership Form

www.edmondsoccer.com

### FOR LEAGUE USE ONLY

- NEW
- TRANSFER
- CHANGE/ CORRECTION
- RE-REGISTRATION



**United States Youth Soccer Association**  
 Youth Division of the United States Soccer Federation (USSF)  
 Affiliated with the Federation Internationale de Football Association (FIFA)

#### OFFICIAL USE ONLY

League Name **FCSA** Age Group \_\_\_\_\_ Div. \_\_\_\_\_

Club/Team Name(s) **EDMOND SOCCER CLUB**

(USE CODE → ONLY) **03** **OK** **FCSA**  
 Region State District Team Recreational = R Competitive = C

I.D. # \_\_\_\_\_

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Male = M Female = F Player = P Coach = C Coach's License Level \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Optional \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Optional \_\_\_\_\_ Bus. Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

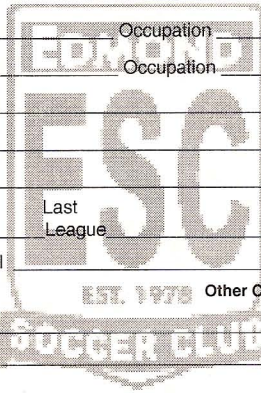
Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Number Prior Seasons Played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

#### UNIFORM SIZE

	<b>YOUTH</b>		<b>ADULT</b>		Name _____	Age _____					
SHIRTS:	XS	S	M	L	XL	S	M	L	XL	Name _____	Age _____
SHORTS:	XS	S	M	L	XL	S	M	L	XL	Name _____	Age _____
SOCKS:	XS	S	M	L	XL	S	M	L	XL	Name _____	Age _____



Other Children From Family Presently in League:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for 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 X \_\_\_\_\_ Date \_\_\_\_\_

#### PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) you will help with this season.

- Coach
- Assistant Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee Member
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other \_\_\_\_\_

#### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-name 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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

#### OFFICIAL USE ONLY

Picture Received  Yes  No  
 Birthdate Verified  Yes  No

Registration Fees:	Amt. Received	Date
Player Fee .....	\$ _____	_____
Coach's Fee .....	\$ _____	_____
Other .....	\$ _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	
Cash <input type="checkbox"/>	\$ _____	
Check No. _____	\$ _____	