



INDIVIDUAL MEMBERSHIP FORM

South Texas Youth Soccer Association

Fees Paid



United States Youth Soccer Association

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

STYSA

Team Code

Assn. Club Level Sex Age Team No.

Team Name _____ Age Group _____

EMAIL _____

Use Birth Certificate Names Only

Last First Initial Nickname

Mailing Address _____

() Home Phone () CELL PHONE

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 _____

	YOUTH				ADULT				Other Children	_____	Age _____		
SHIRTS:	XS	S	M	L	XL	XS	S	M	L	XL	From Family	_____	Age _____
SHORTS:	XS	S	M	L	XL	XS	S	M	L	XL	Presently	_____	Age _____
SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL	in League	_____	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
- Committee
- Asst. Coach
- Referee
- Team Manager
- Fund Raising
- Team Parent
- Clerical
- Special Projects
- Reporter
- Field Preparation
- Newsletter
- Board Member
- Concessions
- Publicity
- 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
 Birthdate Verified Yes No

Registration Fees:

Player Fee _____ \$ _____ Received By _____

Coach's Fee _____ \$ _____

Other _____ \$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____