



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)

Team Code

Assn. Club Level Sex Age Team No.

Team Name _____ Age Group _____

I.D.# _____

Use Birth Certificate Names Only

_____ Last First Initial Nickname

Mailing Address _____

() Home Phone () Daytime Phone for Adults

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 _____

UNIFORM SIZE

YOUTH					ADULT					Other Children From Family Presently in League	
SHIRTS:	XS	S	M	L	XL	XS	S	M	L		XL
SHORTS:	XS	S	M	L	XL	XS	S	M	L		XL
SOCKS:	XS	S	M	L	XL	XS	S	M	L	XL	Age _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, 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 _____ X _____ Date _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program.

Check area(s) in which you would be willing to help.

<input type="checkbox"/> Coach	<input type="checkbox"/> Committee
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee
<input type="checkbox"/> Team Manager	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Clerical
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Reporter
<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Board Member	<input type="checkbox"/> Concessions
<input type="checkbox"/> Publicity	<input type="checkbox"/> 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 _____

X _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus. _____

OFFICIAL USE ONLY

Picture Received Yes No

Birthdate Verified Yes No

Registration Fees:

Player Fee _____ \$ _____

Coach's Fee _____ \$ _____ Received By _____

Other _____ \$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____

Fees Paid: All Registering Players	<u>Registration Fees</u>
	U5-U6 \$85 _____
	U7-U8 \$120 _____
	U9-U12 \$120 _____
	U13 + \$145 _____
Check Info. _____	Amount Paid _____
<u>CHECK OR MONEY ORDER ONLY</u>	

ADDITIONAL CONTACT INFORMATION:

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's E-Mail Address: _____

(Please print clearly)

Dad's E-Mail Address: _____

(Please print clearly)

Player's E-Mail Address: _____

(Please print clearly)

SPECIAL REQUESTS *(honored if possible):*

Coach _____ Previous Team Name _____

Play with a Friend _____

Competitive Play Request _____ Level of Play *(i.e .D1, Super 2, D2)* _____

Financial Assistance Request: The "Financial Assistance Request" form must be completed (see website) and attached to this registration form. Requests for financial assistance will NOT be considered without a COMPLETED FORM!

How did Player / Parent learn about registration?

Current Player _____ From Coach _____ From Friend _____

Newspaper _____ Signs _____ School Flyer _____

Website _____ Called Club Info Line _____

Other _____

As a parent of a West Houston Soccer Club player, I understand that registration fees only pay for a portion of the costs of running this volunteer organization. I also understand that each team is required to provide the club a sponsor to help defray some of the operation costs. I agree to work with the coach and the other parents on my team to secure this sponsorship.

Parent Signature: _____