



# Membership Form

## Coach / Volunteer **ONLY**

**Official Use Only**

- FOR LEAGUE  
USE ONLY
- Transfer
  - New
  - Re-registration
  - Change/  
Correction

Please visit our website  
[www.NECONN.org](http://www.NECONN.org)  
 ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

List any medical problems or challenges player has \_\_\_\_\_

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

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

CLUB USE ONLY:

### Participation, Photography Release and Consent for Medical Treatment of a Minor

**RELEASE:** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYS (NECONN Youth Soccer), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYS (NECONN Youth Soccer) accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify USYS (NECONN Youth Soccer), 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.

**PHOTOGRAPHY:** My child and I understand that NECONN may take photographs and or video in which registrant herein may be a participant or spectator. I hereby consent to NECONN's use of any such photos, videos, likeness or name in program promotions and or marketing of such program(s) without notice or any compensation. I waive all rights that I/my child may claim in relation to the use of such photographs, likeness or name.

**MEDICAL TREATMENT:** 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.

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent or Legal Guardian

### Parental Support

We need 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"/> Pictures                 |
| <input type="checkbox"/> Assit. Coach     | <input type="checkbox"/> Donor/Fund Raising       |
| <input type="checkbox"/> Team Parent/Mom  | <input type="checkbox"/> Field Lining/Preparation |
| <input type="checkbox"/> Board Member     | <input type="checkbox"/> Referee                  |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Tournaments/Summer Camp  |
- Other \_\_\_\_\_

### OFFICIAL USE ONLY

Birth Cert. Received & Verified  Yes  No

#### Registration Fees:

Fee **\$0.00** \_\_\_\_\_  
 Received By \_\_\_\_\_

Total Fee Paid \$ \_\_\_\_\_  
 Check Number \_\_\_\_\_ Date \_\_\_\_\_  
 Cash