

# USYSA Membership Form

## New Hampshire Soccer Association



### Member ID required for Insurance

Home Phone First 3 Digits		

Home Phone Last 4 Digits			

*** See →	

\*\*\* The last two digits of Member ID will be the age sequence of the member within his/her family, e.g. 01=oldest child, 02=next to oldest child, etc. If a parent within the same family is also a member (coach, administrator, etc.), the last two digits will be 99 (mother), 98 (father), 97 (female guardian), 96 (male guardian), 00 all other.

### FOR OFFICIAL USE ONLY

League:	New Registration:	<input type="checkbox"/>	Fee (\$):	
	Re-registration:	<input type="checkbox"/>	Cash:	<input type="checkbox"/>
Group:	Change/correction:	<input type="checkbox"/>	Credit Card:	<input type="checkbox"/>
	Transfer:	<input type="checkbox"/>	Check:	<input type="checkbox"/>
Division:	Picture Received:	<input type="checkbox"/>	Check #:	
	DOB Verified:	<input type="checkbox"/>	Received:	
				Date:

Member (Registrant)	
First Name:	
Middle Initial:	
Last Name:	
Home Phone:	( )
Birth Date:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Status:	Player <input type="checkbox"/> Admin <input type="checkbox"/>
	Coach <input type="checkbox"/> Official <input type="checkbox"/>
License Level:	
Address:	
City:	
State/Zip:	
School:	
Grade:	
Prior League:	
Prior Team:	
Years Played:	
Last Season:	
Height/Weight:	

	Father	Mother
First Name:		
Last Name:		
Home Phone:	( )	( )
Work Phone:	( )	( )
Cell Phone:	( )	( )
Email:		

### Parental Support (check areas where you would be willing to help out):

Coch:	<input type="checkbox"/>	Field Setup:	<input type="checkbox"/>	Fundraising:	<input type="checkbox"/>
Asst. Coach:	<input type="checkbox"/>	PR/Newsletter:	<input type="checkbox"/>	Team Sponsor:	<input type="checkbox"/>
Team Manager:	<input type="checkbox"/>	Program Book:	<input type="checkbox"/>	Sign Sponsor:	<input type="checkbox"/>
Referee:	<input type="checkbox"/>	Tournament:	<input type="checkbox"/>	Player Sponsor:	<input type="checkbox"/>
Board Member:	<input type="checkbox"/>	Concessions:	<input type="checkbox"/>	Transportation:	<input type="checkbox"/>
Other:					

### PARTICIPATION AGREEMENT - RELEASE

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

Members shall encourage and demonstrate sportsmanship and treat all players, coaches, referees and spectators with respect. Should a parent/spectator or member not adhere to the above, suspension or expulsion from the Programs could result.

Check preferred uniform size:							
	Youth			Adult			
	S	M	L	S	M	L	XL
Jersey:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sizes may be adjusted based on availability

List member medical problems or prohibitions:

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### Emergency contacts (other than parents):

Guardian	( ) Phone
Doctor	( ) Phone
Dentist	( ) Phone

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or Legal Guardian of the above-named registrant, I hereby give my 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.

Name (parent or legal guardian name PRINTED):	
Signature (parent/legal guardian)	Date
SIGNATURE indicates agreement to member participation-release AND consent for medical treatment.	
<input type="checkbox"/> Check this box to indicate your typewritten signature above will act as your legal personal signature.	