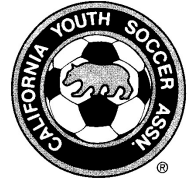


USYSA Membership Form

FOR LEAGUE
USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION



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

I.D. # _____

League Name SCCYSL Age Group U Div. _____

Club Name APTOS SOCCER CLUB

(USE CODE ONLY) Region 4B State 63 District 02 League 04 Club 03 Team _____
Recreational - R Competitive - C

CHECK IF NEW ADDRESS OR PHONE

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES

Last Name _____ First Name _____ Init. _____
Address _____ City _____
State _____ Zip Code _____ Area Code _____ Telephone Number _____
Month _____ Day _____ Year _____
Male = M Female = F Player = P Coach = C Coach's License Level _____

Father's Name _____ Occupation _____ Cell or Bus. Phone _____
Mother's Name _____ Occupation _____ Cell or Bus. Phone _____
List any medical problems 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 _____

School _____ Email Address: _____ Fall Grade _____
One Carpool Request -Not Guaranteed- Request Same Age And Gender Group

IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Name
Signature: **X** _____ Date: _____
Sign Name of Parent/Guardian

Family E-mail: _____

PARENTAL PARTICIPATION

We require active participation of all parents in our program.
Check area(s) in which you would be willing to help.

- Coach/E-mail _____
- Asst. Coach/E-mail _____
- Team Parent/E-mail _____
- Volunteer *Please Include any donations with registration*
- \$30 Donation
- Field Donation \$ _____
- Board Member
- Team Sponsor (\$300) *attach check, business name, contact info*
- Referee

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 NA
Birthdate Verified Yes No Ret.

Registration Fees:
Player Fee\$ _____ Received By _____
Other.....\$ _____ Date _____
Total \$ _____
Cash \$ _____
Check No. _____ \$ _____