



HAWAII YOUTH SOCCER ASSOCIATION
Member of U.S. Youth Soccer
and the
United States Soccer Federation

Membership Form

FOR LEAGUE USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION

League Name Age Group Div.

Club/Team Names (s)

(USE CODE ONLY) →

Region State District League Club Team Recreational = R Competitive = C

I.D.#

Last Name First Name Init.

Address City

State Zip Code Area Code Telephone Number - Month Day Birthdate Year Male = M Fem = F Player = P Coach = C Coach's License Level

Father's Name Occupation Bus. Phone Optional

Mother's Name Occupation Bus. Phone Optional

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 20

Height Weight School Grade

Other Children From Family Presently In League Age Age Age Email Address

IMPORTANT

I, the parents/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: Print Name of Parent/Guardian Player: Print Name

Signature: Signature:

Date: Date:

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check areas(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 \$ Received By _____

Coach's Fee \$

Other \$ Date _____

TOTAL \$

Cash \$

Check No. _____ \$