



STYSA

INDIVIDUAL MEMBERSHIP FORM**South Texas**
Youth Soccer Association

Fees Paid

**United States**
Youth Soccer AssociationYouth 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

Month

Day

Year

Verified By

☐
NYCC
TEAM☐ 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**SHIRTS: XS S M L XL
SHORTS: XS S M L XL
SOCKS: XS S M L XL**ADULT**XS S M L XL
XS S M L XL
XS S M L XLOther
Children
From Family
Presently
in League

Age _____

Age _____

Age _____

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

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 _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus. _____

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 _____

OFFICIAL USE ONLY

Picture Received _____ Yes _____ No

Registration Fees: Birthdate Verified _____ Yes _____ No

Player Fee _____ \$ _____ Received By _____

Coach's Fee _____ \$ _____

Other _____ \$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____