



# PLAYER MEMBERSHIP FORM

\_\_\_\_\_ PRIMARY TEAM      \_\_\_\_\_ SECONDARY TEAM

TEAM NAME \_\_\_\_\_

AGE GROUP \_\_\_\_\_ BOYS/GIRLS \_\_\_\_\_

RECREATIONAL \_\_\_\_\_ COMPETITIVE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MALE (M)/FEMALE (F) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PH (\_\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PH (\_\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_\_) \_\_\_\_\_

ALTERNATE PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

DOCTOR TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ARE THERE ANY MEDICAL ISSUES WHICH THE COACH SHOULD BE AWARE OF? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

NUMBER OF PRIOR SEASONS PLAYED \_\_\_\_\_ DATE OF LAST SEASON \_\_\_\_\_ LAST TEAM \_\_\_\_\_

LAST LEAGUE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**IMPORTANT—PLEASE READ AND SIGN**

I, the parent/guardian of the below named player, agree that I and the player will abide by the rules and regulations of US Youth, KSYSY, SCSA, all other affiliated organizations and its sponsors ("US Youth Parties"), in consideration of the player's participation in the soccer programs and activities of the US Youth Parties (the "Programs"), I, for myself and the players and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the US Youth Parties, the City of Wichita, all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs including without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Youth 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.

I release, waive, discharge and covenant not to sue US YOUTH SOCCER, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators, directors, agent, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all LIABILITY to the participant and the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.

PARENT NAME (please print) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLAYER NAME (please print) \_\_\_\_\_

PLAYER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**OFFICE USE ONLY:**      Picture Received: Yes \_\_\_\_\_ No \_\_\_\_\_

   Birthdate Verified: Yes \_\_\_\_\_ No \_\_\_\_\_

Player Registration Fees: \$ \_\_\_\_\_

   Other: \$ \_\_\_\_\_

   Total: \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Received by: \_\_\_\_\_