



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 Birth date
			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	
Age				
Other Children From	Age	Email Address		

From _____
 Family _____
 Presently _____ Age _____
 In League _____

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 : _____ Player: _____
 _____ Print Name of Parent/Guardian _____ 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.

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- 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 \$ _____

Coach's Fee \$ _____

Other \$ _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____

Received By _____

Date _____