



Recreational Membership Form

Did you play Fall 2011?

Yes or No

Team: _____

REGISTRATION FEE IS NON-REFUNDABLE

School: _____

Must indicate School the player ATTENDS

Last name: _____ First name: _____ Middle initial: _____

Street address: _____ Apt. #: _____ City: _____ ST: _____

Zip code: _____ Home phone: _____ DOB: _____ Gender: _____

E-mail address: _____

Father's name: _____ Cell phone: _____ Text? _____

Mother's name: _____ Cell phone: _____ Text? _____

of seasons played: _____ Last team played on: _____ Last season played: _____

If not in an automatic repool year, do you want your child placed on a different team? Yes No

Shirt size: Youth XS S M L XL Adult XS S M L XL

Short size: Youth XS S M L XL Adult XS S M L XL

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including 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. I further grant the USYS parties the right to use the player's name, pictures 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. Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and January 31 for U-11 through U-14, and December 1 through March 15 for U-15 through U-19, and may do so only with the written permission of the Member Association in which he/she is currently rostered.

Name: _____ Parent/Legal Guardian (please print)

Signature: _____ Date: _____

PARENTAL SUPPORT

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

- Coach
Asst. Coach
Team Parent
Sponsor
Other: _____

ZERO TOLERANCE POLICY

The Soccer Association asks that every adult respect the authority of the Officials, all players, and Coaches. To this end, we have adopted the following policy:

If you as a spectator or coach are asked to leave the field by a Commissioner, Board Member, or Head Official because of YOUR conduct, then your player will be suspended for the next scheduled game.

By signing below, you also accept the responsibility of notifying anyone related to your child of this policy.

Signature of Parent/Legal Guardian

OFFICIAL USE ONLY

Age verified

Registration fee \$ _____

Total received \$ _____

Cash Check # _____

Date _____ Zero Tolerance Policy Signed _____

PLEASE FILL OUT MEDICAL RELEASE FORM ON THE BACK