

# US YOUTH SOCCER MEMBERSHIP FORM

RETURNING TO SAME TEAM? \_\_\_\_\_ YES \_\_\_\_\_ NO



HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

LEAGUE NAME \_\_\_\_\_ AGE GROUP U/ \_\_\_\_\_

CLUB / TEAM NAME \_\_\_\_\_ TEAM # \_\_\_\_\_

STATE 69 REGION 04 LEAGUE \_\_\_\_\_ ID # \_\_\_\_\_

**PLAYER INFORMATION - PLEASE PRINT CLEARLY AND PRESS FIRMLY**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M  F

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Major cross streets \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending \_\_\_\_\_

Lives with : Mother  Father  Both  Other  (check one)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

List any medical problems or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Phone number \_\_\_\_\_

Number prior \_\_\_\_\_ Last year played \_\_\_\_\_

years played \_\_\_\_\_ Last team \_\_\_\_\_ Last League \_\_\_\_\_ Fall \ Extended \ Spring

**Parental Support**  
 We ask for participation of all Parents in our program.  
 Circle area(s) in which You would be willing to help.

Coach	Flyer Delivery
Asst. Coach	Referee Mentor
Team Parent	Certified referee
Commissioner	Office help
Registration helper	Publicity
Tournament Day helper	
Field set up	

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organization and sponsors and have read the **Players Affiliation Agreement on the back of this form**. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS release, discharge and/or otherwise indemnify the USYS, 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.

\_\_\_\_\_  
 Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**CONSENT FOR MEDICAL TREATMENT (MINOR)**  
 As the parent or legal guardian of the above-named player, I hereby give my 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/Legal Guardian  
 X \_\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Bus: \_\_\_\_\_

OFFICIAL USE ONLY		REGISTRATION FEES:		Cash Receipt # _____
Picture Received	<input type="radio"/> Yes <input type="radio"/> No	Player Fee .....	\$ _____	Check # _____
Birth Date Verified	<input type="radio"/> Yes <input type="radio"/> No	Other Fee .....	\$ _____	Rec'd by _____
		Other .....	\$ _____	Date _____
			TOTAL \$ _____	

Distribution: White Copy - Coach      Yellow Copy - League      Pink Copy - Parent

# **PLAYERS AFFILIATION AGREEMENT UNITED STATES YOUTH SOCCER OF NEVADA**

**In consideration of, and in return for, membership in the United States Youth Soccer of Nevada (USYSNV), the signed player hereby agrees as follows:**

- **That we will fully comply with the Constitution and Bylaws, the Rules, Regulations and any decisions of the board of Directors of the USYSNV.**
- **That we fully comply with the rules, regulations and bylaws of our respective affiliated league and the decisions of league administrators and officials.**
- **A plea of ignorance if the constitution, bylaws, general procedures and specific rules of this Association is not sufficient and violators may expect appropriate action by the Board of Directors of this Association.**
- **That we shall not invoke the aid of courts of any State or of the United States without first exhausting all available remedies, including Protest and Appeal through USYSNV and any other regular channels of organized soccer. Regular channels of organized soccer shall include the United States Youth Soccer Association (USYSA) and the United States Soccer Federation (USSF). In the event we or any member of the team shall violate the terms of this paragraph, we agree to pay for any and all costs, expenses and attorneys fees incurred by the USYSNV and/or the league in defending against any such premature action, at anytime while playing for the USYSNV.**
- **That as used in the Agreement and deemed appropriate by USYSNV and/or league officials, the singular shall include the plural and the plural shall include the singular.**
- **A youth player is defined as any player U/19 years of age playing on any team within the jurisdiction of the USYSNV.**
- **Any player signing with a team is bound to that team as outlined in the USYSNV policy and procedure manual.**
- **I am consenting to the use of the registrants name and any photographic images of the registrant in marketing, advertising and/or promotion of youth soccer by FIFA, USYS, USYSNV and any affiliated League.**