



NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form



Affiliated with USSF and US Youth Soccer

OFFICIAL USE ONLY

[ ] NEW

[ ] RE-REGISTRATION

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div \_\_\_\_\_

Club/Team Name(s) \_\_\_\_\_

(USE CODE ONLY) 4 Region 10 State District League Club Team R = Recreational C = Competitive

Paid: Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

I.D. #

[ ] Check here for change of name, address or phone.

[ ] Check here if player is assigned to a team older than his/her normal age and complete playing-up consent form.

[ ] Check here if this is a "secondary" player registration and complete consent form.

Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_ Player Middle Init: \_\_\_\_\_ Sex: M F

Last Team: \_\_\_\_\_ Last League: \_\_\_\_\_ Last Coach: \_\_\_\_\_ Player Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's birth month / day: \_\_\_\_/\_\_\_\_ (needed for unique player ID number)

Uniform size (if applicable) (circle) Jersey: YS YM YL YXL AS AM AL AXL Shorts: YS YM YL YXL AS AM AL AXL

Primary Guardian: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Guardian: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_

PARENT'S APPROVAL

WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by League, NMYSA, USSF, and US Youth Soccer rules and regulations.

Parent/Guardian name (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL RELEASE

List any medical problem or prohibition player has: \_\_\_\_\_ Allergies: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, it's affiliates 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.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Name of Parent/Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_