



MEMBERSHIP/MEDICAL RELEASE FORM



Player last Name: _____ Player First Name: _____ Player MI _____ Gender: M ___ F: ___

Player Birth Date: ____/____/____ USSF #: _____ FIFA #: _____

Citizenship: _____ Country of Birth: _____

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: _____ Relationship: _____

Street Address: _____ City, State & Zip: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Secondary Guardian: First Name: _____ Last Name: _____

Email: _____ Relationship: _____

Street Address: _____ City, State & Zip: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

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 its affiliate NMYSA 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 affiliate NMYSA 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 t be responsible financially for the reasonable costs of such assistance and/or treatment.

By checking this box and signing below, I understand that Competitive/Classic players are bound to their teams for the entire seasonal year and are subject to NMYSA and League transfer procedures and fines.

By checking this box and signing below, I confirm that I have read the CDC "Parent Fact Sheet" and understand the NMYSA concussion protocols and have discussed these policies with my child and will abide by them.

Name of Parent/Guardian (Print): _____ Date: _____

Signature: _____

Official Use Only: New Re-Registration Competitive/Classic Full Year Rec./Academy Seasonal or Full

League/Club/Team: _____ Age/Division: _____ Competitive/Recreational/Academy/Classic (circle one)