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 Richardson, TX 75082
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Youth Division of US Soccer
 Affiliated with the Federation
 Internationale de Football
 Association (FIFA)

Membership Form

FOR LEAGUE USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION

The Southington Soccer Club is successful only because of the work of a handful of very hard working people. In order to keep the club successful, we need a commitment from all of the parents of players to help us in this endeavor. By filling out and signing this application, the parent agrees to volunteer a minimum of 3 hours during the upcoming season.

I.D.# _____

Last Name _____ First Name _____ Init. _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month _____ Day _____ Year _____

Male = M Player = P Coach's License Level
 Fem = F Coach = C

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Email Address _____

IMPORTANT

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 organizations 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 (the "Programs"), I hereby 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.

Name _____ Parent/Legal Guardian (please print)

Signature X _____ Date _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(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 _____