



PLAYER MEMBERSHIP FORM	
_____ PRIMARY TEAM	_____ SECONDARY TEAM
TEAM NAME _____	
AGE GROUP _____	BOYS/GIRLS _____
RECREATIONAL _____	COMPETITIVE _____

LAST NAME _____ FIRST NAME _____ INITIAL _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ BIRTHDATE _____ MALE (M)/FEMALE (F) _____
 EMAIL ADDRESS _____
 FATHER'S NAME _____ ADDRESS _____
 HOME PH (_____) _____ CELL PH (_____) _____
 MOTHER'S NAME _____ ADDRESS _____
 HOME PH (_____) _____ CELL PH (_____) _____
 ALTERNATE PERSON TO NOTIFY IN **EMERGENCY** _____ PHONE (_____) _____
 DOCTOR TO NOTIFY IN AN EMERGENCY _____ PHONE (_____) _____
 ARE THERE ANY MEDICAL ISSUES WHICH THE COACH SHOULD BE AWARE OF? Yes _____ No _____ If yes, please explain _____

NUMBER OF PRIOR SEASONS PLAYED _____ DATE OF LAST SEASON _____ LAST TEAM _____
 LAST LEAGUE _____ SCHOOL _____ **IMPORTANT—PLEASE READ AND SIGN**

I, the parent/guardian of the below named player, agree that I and the player will abide by the rules and regulations of US Youth, KSYSA, SCSA, all other affiliated organizations and its sponsors ("US Youth Parties"), in consideration of the player's participation in the soccer programs and activities of the US Youth Parties (the "Programs"), I, for myself and the players and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the US Youth Parties, the City of Dodge City, all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs including without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Youth Parties the right to use the player's name, picture 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.

I release, waive, discharge and covenant not to sue US YOUTH SOCCER, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators, directors, agent, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all LIABILITY to the participant and the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.

PARENT NAME (please print) _____ PARENT SIGNATURE _____ DATE _____ PLAYER NAME (please print) _____ PLAYER SIGNATURE _____ DATE _____	OFFICE USE ONLY: Picture Received: Yes _____ No _____ Birthdate Verified: Yes _____ No _____ Player Registration Fees: \$ _____ Other: \$ _____ Total: \$ _____
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	Cash _____ Check # _____ Date _____ Received by: _____
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