USYSA Membership Form

Northern Kentucky Soccer League - KYSA PLAYERS

Kentucky Youth Soccer

ID #

[ ]

Male = M
Female = F
[ ]

US Youth Soccer

This section must be completed by the team coach.

League Name _____ Age Group _____ Div. _____

Club/Team Name _____

Use code only

Region	State	District	League	Club	Team	Recreation = R Completive = C

Last Name _____ First Name _____ Init. _____

Address _____ City _____

State	Zip Code	Area Code	Telephone Number	Mo. Day Year

Fathers Name_____ Phone_____

Mother's Name_____Phone_____

List any medical problems or prohibition_____

Person to notify in emergency_____Phone_____

Doctor to notify in emergency_____Phone_____

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/Gaurding

X_____

Address_____

City_____State_____Zip_____

Phone:Home_____Bus._____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations 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_____ Date_____