



Participant Registration Form

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

PARENT/ GUARDIAN INFORMATION

Name of the Parent/Guardian 1 _____ Relationship to Child _____
Mailing Address _____ City _____ Zip _____
Player Physical Address _____ City _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____
Email Address: _____ @ _____ Gender _____
Name of the Parent/Guardian 2 _____ Relationship to Child _____
Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____
Email Address: _____ @ _____ Gender _____

PLAYER INFORMATION

Player's Name (First/ MI /Last) _____ Gender _____ DOB (MM/DD/YYYY) ____/____/____
Elementary School _____ Grade _____ Shirt Size _____ Short Size _____ Sock Size _____
Emergency Contact (Other than Parent) _____ Telephone(_____) _____
Doctor to Notify in an Emergency _____ Telephone(_____) _____
List Medical Problem/Prohibition Player Has _____

I WOULD LIKE TO HELP BY VOLUNTEERING

Coach Assistant Coach Team Manager Team Parent Special Project Fund Raising Field Preparation Referee

CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named registrant, I hereby give my 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 deemed necessary to preserve the life, limb, or well-being of the registrant.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARTICIPATION RISK STATEMENT

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Competition Recreation League / Club Name _____ District Number _____
League/Club Number _____ Team Number _____ Age-Group _____ Birth Certificate Verified
 New Player Returning Player If Returning Player, UYSA ID Number _____
Registration Fees: \$ _____ Received by: _____
Total: \$ _____ Date Received: _____ CASH or CHECK # _____