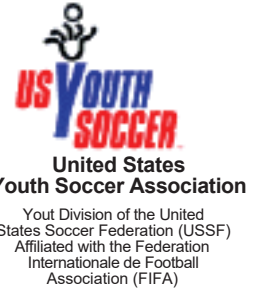


USYSA Membership Form

FOR LEAGUE USE ONLY
 TRANSFER
 NEW
 REREGISTRATION
 CHANGE/
 CORRECTION



OFFICIAL USE ONLY

League Name _____ Age Group _____ Div. _____
 Club/Team Name(s) _____
 (USE CODE ONLY) Region _____ State _____ District _____ League _____ Club _____ Team _____
 Recreational - R Competitive - C

I.D. # _____

Last Name _____ First Name _____ Init _____
 Address _____ City _____
 State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month Day Year _____
 Birthdate _____ Male = M Fem = F _____
 P
 Player=P 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 _____
 Number of seasons played _____ Last team Color _____ Last League _____ Year of Last Season _____ Spring Fall
 Height _____ Weight _____ School _____ Grade _____
 YOUTH ADULT
 SHIRTS XS S M L | S M L XL
 SHORTS XS S M L | S M L XL
 SOCKS Youth Junior Adult
 Other Children From Family Presently in League _____ Age _____
 _____ Age _____ email address 1 _____
 _____ Age _____ email address 2 _____

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 consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 _____
 Signature _____ 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 (Background check required)
 - Asst. Coach (Background check required)
 - Referee (Must be 13 years or older)
 - Concessions
 - Fund raising
 - Field Preparation
 - Board Member
 - 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

 Address _____
 City _____ State _____ Zip _____
 Phone _____ Bus. _____

OFFICIAL USE ONLY	Picture Received	<input type="radio"/> Yes <input type="radio"/> No
	Birthdate Verified	<input type="radio"/> Yes <input type="radio"/> No
Registration Fees		
Player Fee	\$ _____	
Coach's Fee	\$ _____	Received by _____
Other	\$ _____	Date _____
	TOTAL \$ _____	
	Cash <input type="radio"/>	\$ _____
	Check No: _____	\$ _____

PLAYER'S NAME: _____
(First and Last name) (Complete a form for each player)

SOCCER PARENT/COACH CODE OF CONDUCT

1. I will not force my child to participate in soccer.
2. I will remember that my child participates in soccer to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disabilities or ailment that may affect the safety of my child or the safety of others.
4. I will learn the Laws of the Game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, referees, assistant referees, and spectators at every game and practice.
6. I (and my guests) will not engage in any kind of unsporting conduct with any referee, assistant referee, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behavior or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the laws of the game and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, referees, assistant referees, and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning so that my child will never feel defeated by the outcome of the game or his/her performance.
11. I will praise my child for competing, trying hard and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the referees, assistant referees, and their authority during games, will never question, discuss or confront coaches at the game field, and will take time to speak with coaches at an agreed time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices unless I am one of the official team coaches.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include but is not limited to the following:

- Verbal warning by the head coach, field marshal, or any Altus Soccer Club Board Member.
- Written warning.
- Parental game suspension with written documentation of incident kept on file by Altus Soccer Club.
- Game forfeit through the referee.
- Parental season suspension.

SIGNATURES OF BOTH PARENTS/GUARDIANS (if applicable) ARE NEEDED:
(Coaches must complete a form also if not completed as a parent.)

Print and Sign Your Name Parent 1/Guardian 1 Signature Date

Print and Sign Your Name Parent 2/Guardian 2 Signature Date