

NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form

League Age Croup Div Affiliated with USSF and US Volumber Club/Team Name(s) Name(s		[] NEW	[]RE-REGISTI	RATION		1.1	
Club*Team Name(s)					<i>/</i>		
CODE							
Paid: Check # Date Amount Player First Speed to a testing depart of the paid for unique player for the player Last Name: Player First Name: Player Birth	(USE CODE 4 10				 	name, address or phone.	
Name: Name: Middle Sex: Sex: Middle Sex: Sex: Middle Sex: Sex: Middle Sex: Sex: Middle Sex:	, ,		ŭ			assigned to a team older than his/her normal age and complete	
Last Team: Last League: Coach: Coach: Date: Date				,		Player Middle Sex:	
Primary First Last Last Home Business or Cell Address: Street City, State & Home Phone: () Phone: (Last Team: Last League:			•	Moth mont	er's birth h / day:/	
Street	Uniform size (circle) Jersey: YS	YM YL YXL	AS AM AL	AXL Shorts: YS Y	· ·		
Address:							
Street City, State & Home Business or Cell Address: Street City, State & Home Phone: Pho							
Address:Zip Code:Phone: ()							
WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by League, NMYSA, USSF, and US Youth Soccer rules and regulations. NMYSA registered players may forfeit their youth status eligibility by signing a USSF "A" senior amateur form. Youth players may play senior level soccer after obtaining appropriate advice and waiver under US Youth Soccer rule 4.2.4. Parent/Guardian name (print)							
MEDICAL RELEASE List any medical problem or prohibition player has:	WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by League, NMYSA, USSF, and US Youth Soccer rules and regulations. NMYSA registered players may forfeit their youth status eligibility by signing a USSF						
List any medical problem or prohibition player has:	Parent/Guardian name (print)			Signature:		Date:	
Person to notify in emergency:	MEDICAL RELEASE						
Insurance carrier: ID #: Telephone: ()			MEDICA	L RELEASE			
Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, it's affiliates 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. I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.	List any medical problem or prohibi	tion player has: _			Allergies:		
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Name of Parent/Guardian (print)	Person to notify in emergency: Doctor to notify in emergency: Insurance carrier: Recognizing the possibility of physical registrant for its soccer programs and affiliates and facilities utilized for the "p	injury associated wactivities (the "progorograms" against a	. ID #: vith soccer, and in co rams"), I hereby rela	onsideration for the USSF / US pase, discharge, and/or otherw phalf of the registrant as a resu	Tele Tele Tele Youth Soccer and ise indemnify the U	phone: () phone: () phone: () d it's affiliates accepting the USSF / US Youth Soccer, it's	
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