



NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form



Affiliated with USSF and US Youth Soccer

OFFICIAL USE ONLY

[] NEW

[] RE-REGISTRATION

League Name _____ Age Group _____ Div _____

Club/Team Name(s) _____

(USE CODE ONLY) 4 Region 10 State District League Club Team R = Recreational C = Competitive

Paid: Check # _____ Date _____ Amount _____

I.D. #

[] Check here for change of name, address or phone.

[] Check here if player is assigned to a team older than his/her normal age and complete playing-up consent form.

Player Last Name: _____ Player First Name: _____ Player Middle Init: _____ Sex: M F
Last Team: _____ Last League: _____ Last Coach: _____ Player Birth Date: ____/____/____
Mother's birth month / day: ____/____ (needed for unique player ID number)
Uniform size (circle) Jersey: YS YM YL YXL AS AM AL AXL Shorts: YS YM YL YXL AS AM AL AXL

Primary Guardian: First Name: _____ Last Name: _____ Email Address: _____
Street Address: _____ City, State & Zip Code: _____ Home Phone: (____) _____ Business or Cell Phone: (____) _____
Secondary Guardian: First Name: _____ Last Name: _____ Email Address: _____
Street Address: _____ City, State & Zip Code: _____ Home Phone: (____) _____ Business or Cell Phone: (____) _____

PARENT'S APPROVAL

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.

Parent/Guardian name (print) _____ Signature: _____ Date: _____

MEDICAL RELEASE

List any medical problem or prohibition player has: _____ Allergies: _____

Person to notify in emergency: _____ Telephone: (____) _____

Doctor to notify in emergency: _____ Telephone: (____) _____

Insurance carrier: _____ ID #: _____ Telephone: (____) _____

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.

Name of Parent/Guardian (print) _____

Signature _____ Date _____