



MEMBERSHIP APPLICATION

OFFICIAL USE ONLY
 Transfers
 New
 RE-Registration
 Change/Correction
 Spring
 Fall

PLAYER/COACH INFORMATION

Team Name:		Age Group: U-	Boys/ Girls	Player/Coach Registration#:	
Last Name:	First Name:	Middle Initial:	Circle One Player Coach	DL License # (Coach Only)	
Address:					
City:	State: TX	ZIP Code:	Phone:		
Date of birth:	Age:	Circle One: Male Female	# of Seasons Played:		
Last Team:	Last Association:	Date of Last Season:			

PARENT AND EMERGENCY CONTACT INFORMATION

Father's Name:	Home Phone#:	Work Phone#:	Cell Phone#:
Mother's Name:	Home Phone#:	Work Phone#:	Cell Phone#:
Emergency Contact:	Phone:	Circle one: Work Cell Home	
Doctor to Notify:	Phone:		
List any Medical Problems:			

EMAIL AND TEXTING CONSENT

Would you like to receive news and updates, including game schedules, cancellations, rainouts, etc... from TSA? Fill in the information below.

First and Last Name 1:	Email Address 1:
First and Last Name 2:	Email Address 2:
Cell Phone #1:	Carrier 1: (Needed for Texting; At&t, Sprint, Verizon, etc...)
Cell Phone #2:	Carrier 2: (Needed for Texting; At&t, Sprint, Verizon, etc...)

IMPORTANT PARENTAL SUPPORT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the Programs). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being Transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs. *Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.*

Name: _____
Parent/Legal Guardian (please print)

Signature:X _____ **Date:** _____

<ul style="list-style-type: none"> • Coach • Committee • Asst. Coach • Referee • Team Mgr • Team Parent • Field Preparation 	<ul style="list-style-type: none"> • Board Member • Concessions • Publicity • Donor • Fund Raising Other: _____
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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: X _____

Address: _____ Apt #: _____

City: _____ ST: **TX** Zip code: _____ Home Phone: _____ Work _____

OFFICIAL USE ONLY	
Birth Date Verified?	Yes No
Registration Fees	\$ _____
Sibling Discount	\$ _____
TOTAL Received	\$ _____
Still Owes	\$ _____
Cash	Check # _____
Date:	_____