

MYSA/USYSA Membership Form

Affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

Organization Name: **Wakefield Soccer Association**

Player:	_____	☐ New Player ☐ Returning Player (no changes) ☐ Returning Player (with changes)
Address:	_____ _____	
Email Address:	_____	
Grade in the Fall:	_____	
Phone #	_____	
Birthdate:	_____ (MM/DD/YYYY) ☐	Birthdate Verification
Father:	_____	
Mother:	_____	
Medical Concerns:	_____	
Emergency Contact:	_____	
Doctor's Name:	_____	

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 of 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 the 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 _____

☐ Do not include my name in promotional mailings.

☐ I am interested in volunteer coaching.

Consent for Medical Treatment (Minor)

As Parent or Legal Guardian of the above-named player, 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 necessary to preserve life, limb, or well being of my dependent.

Signature _____

Address _____

City _____ State ____ Zip _____

Payment Information

Cash ☐ Check # _____

Amount Received \$ _____

Received By _____