USYSA Membership Form

ID#	1	CT	SC	175	U-			
	Region	State	District	Club	Age Group	Team	Comp	Official Use Only

Last Name	First Name	Init	Sex

Address	Address Line2	City
		West Haven

State	Zip	Area Code	Contact Phone #	Date of Birth	School
CT	06516	(203)			

Father's Name _____ Bus. Ph. _____

Mother's Name _____ Bus. Ph. _____

List and medical problem player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Email Address

Team Preference

_____

1) 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.

2) I have reviewed and accept the Concussion and Bullying policies of the West Haven Youth Soccer League

Name _____
Parent/ Legal Guardian (Please Print)

Signature _____ Date_____

Parental Support

We ask for active participation of all parents in our program
Circle area(s) in which you would be willing to help

Coach - Asst Coach

Team Parent

Dance Committee

Publicity

Team Sponsor

CONSENT FOR MEDICAL TREATMENT(MINOR)

As the parent of 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 the life, limb or well-being of my dependent.

Signature of Parent of Guardian
X_____
Address _____
City _____**State**____ **Zip**_____
Phone: Home_____ **Bus** _____

Official Use Only **Birth Date Verified**

Registration Fees: Recd by:_____ Date:_____

Player Fee. . . . . $ __50.00__
Other Fee . . . . . $_____
Total $ _____

Cash $ _____ **Check No.** _____ **$**_____
Registration Fee Not Refundable

5/18