

# USYSA Membership Form

## PVSC-Platte Valley Soccer Club



Club Use Only	Team <input style="width: 650px; height: 25px;" type="text"/>
	Team # <input style="width: 180px; height: 25px;" type="text"/> Age Group <input style="width: 100px; height: 25px;" type="text"/> <input type="radio"/> Boys <input type="radio"/> Girls                 Jersey # <input style="width: 50px; height: 25px;" type="text"/>

Player ID #

Player Information	Last Name <input style="width: 280px; height: 25px;" type="text"/> First Name <input style="width: 280px; height: 25px;" type="text"/> Initial <input style="width: 30px; height: 25px;" type="text"/>
	Address <input style="width: 500px; height: 25px;" type="text"/> City <input style="width: 200px; height: 25px;" type="text"/>
	State <input style="width: 50px; height: 25px;" type="text"/> Zip Code <input style="width: 100px; height: 25px;" type="text"/> Phone Number <input style="width: 150px; height: 25px;" type="text"/> Birthdate (mm/dd/yr) <input style="width: 100px; height: 25px;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>

Parent Information	Father's Name _____ Occupation _____ Cell/Bus. Phone _____
	Mother's Name _____ Occupation _____ Cell/Bus. Phone _____
	List any medical problems/prohibitions player has _____
	Emergency contact _____ Phone _____
	Doctor to Notify in Emergency _____ Phone _____
	Family e-mail _____
	Last CSYSA Team _____ Date of last season _____

**Important**

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 USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used 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.

Name \_\_\_\_\_

Signature and Date \_\_\_\_\_

**PVSC Disclosure Statement**

Signature on this form binds the player to his/her club for the entire seasonal year. The player is responsible for a full year of fees with the year being fall and spring. The PVSC fees for each team are inclusive of the following: fees paid by PVSC to CSYSA, club coaching fees, field usage fees, referee and administrative fees. These fees do not include fees incurred for participating in tournaments, travel, indoor facilities, uniform expenses or team coaching.

A player who plays in the fall and chooses not to play for PVSC in the spring must notify the club in writing by Nov. 15.

I, \_\_\_\_\_  
parent/guardian of \_\_\_\_\_ (Player Name)

have read and understand the above described financial obligations and responsibilities of playing on a PVSC team.

**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 life, limb or well-being of my dependent.

Known Allergies Of this Player \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_