



# Membership Form



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**M/F**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Father's Name**

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
Check here if you **DO NOT** want to receive commercial mailings

Check here if you **DO NOT** want to receive soccer mailings

\_\_\_\_\_  
**Medical Problems**

\_\_\_\_\_  
**Person to notify in an emergency?**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Doctor to notify in an emergency?**

\_\_\_\_\_  
**Phone #**

## Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Mass Youth Soccer/US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Mass Youth Soccer/US Youth Soccer, 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: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Top Form for Coach • Keep Bottom Form for the Organization**

Be sure to visit our web-site [www.mayouthsoccer.org](http://www.mayouthsoccer.org)