



2050 N. Plano Road, Suite 100
Richardson, TX 75082
1-800-4SOCCER
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Youth Division of US Soccer
Affiliated with the Federation
Internationale de Football
Association (FIFA)

Membership Form

Syracuse Blitz, F.C.

Office Use Only

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION

I.D.#

League Name _____ Age Group _____ Div. _____

Club/Team Name(s) _____

(Use Code Only) _____

| | | | | | | |
|--------|-------|----------|--------|------|------|--------------------------|
| Region | State | District | League | Club | Team | Recreational Competitive |
|--------|-------|----------|--------|------|------|--------------------------|

Last Name _____ First Name _____ Init _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____

Month _____ Day _____ Year _____ Birthdate _____

Male = M _____ Female = F _____

Player = P _____ Coach = C _____

Coach's License Level _____

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in Emergency _____ Telephone _____

Number prior Seasons played _____ Last Team _____ Last League _____ Date of Last Season _____ 20 _____

Height _____ Weight _____ School _____ Grade _____

| | | | | | | | | | | | | |
|--------|-------|---|---|---|-------|----|---|---|----------------|-----------|---------------------|-----------|
| SHIRTS | YOUTH | | | | ADULT | | | | Other Children | Age _____ | | |
| | XS | S | M | L | XL | XS | S | M | L | XL | From Family | Age _____ |
| | XS | S | M | L | XL | XS | S | M | L | XL | Presently In League | Age _____ |
| SOCKS | XS | S | M | L | XL | XS | S | M | L | XL | | Age _____ |

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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 owners of fields and facilities used for the Programs, against any claim by on or behalf of the registrant as a result of the registrant's participation in Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____ Parent/Legal Guardian (please print)

Signature _____ Date _____

PARENTAL SUPPORT

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

- Coach
- Asst Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other _____

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:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

OFFICIAL USE ONLY

Picture Received YES NO
Birthdate Verified YES NO

Registration Fees:

Player Fee\$ _____

Coach's Fee\$ _____ received by _____

Other\$ _____ Date _____

TOTAL \$ _____

Cash \$ _____

Check No. _____ \$ _____