

WASHINGTON COUNTY SC MEMBERSHIP FORM

Player Information:

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Gender (M/F) _____ Birth Date (M/D/Y) _____

School/District _____ Grade _____

If U5/U6 Player circle shirt size: YS YM YL YXL

Email Address _____

Parent Contact Information:

Mother's Name _____ Home Phone _____ Mobile Phone _____

Father's Name _____ Home Phone _____ Mobile Phone _____

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

Coach / Asst. Coach / Team Manager / Field Preparation / Board Member / Committee / Publicity / Referee / Fund Raising / Donor

Emergency Contact Information:

Name _____ Home Phone _____ Mobile Phone _____

Name _____ Home Phone _____ Mobile Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone _____ Business Phone _____

Medical/Hospital Insurance Company _____

Policy Holder's Name _____ Policy Number _____

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.

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.

Signature of Parent or Guardian:

X _____ Print Name _____ Date _____

COMMENTS: _____

***** OFFICIAL USE ONLY *****

Birth Certificate Total \$ _____ CASH or CHECK # _____ Received by _____
 Received