



KANSAS YOUTH SOCCER ASSOCIATION MEMBERSHIP & MEDICAL RELEASE FORM

LEAGUE USE ONLY

- New Registration
- Transfer
- Change / Correction

League Name _____ Age Group _____
 Club/Team Name _____ Division _____

Last Name _____ First Name _____ MI _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ E-Mail Address _____ Male Female
 Exclude from mailing and email lists

Father's Name _____ Occupation _____ Cell Phone _____
 Mother's Name _____ Occupation _____ Cell Phone _____
 Mother's Birthday (month & day only) _____
 Mother's month and day of birth is collected only to create a unique record for each participant.

List any medical problem or prohibition play has _____
 Person to notify in emergency _____ Relationship _____ Phone _____
 Doctor to notify in emergency _____ Phone _____

Seasons Played _____ Last Team _____ Last League _____
 Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE

	XS	S	M	L	XL
Shirt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shorts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENTAL SUPPORT

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

PARENTS APPROVAL AND MEDICAL RELEASE

In consideration of being allowed to participate in any way in the USSF sanctioned play, including play sanctioned by the US Youth Soccer Association and the Kansas State Youth Soccer Association, as a player in games, training activities and exercises, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue US YOUTH SOCCER ASSOCIATION, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to a "releasees," from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. 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/W/E HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. The information above and medical history supplied is correct to the best of my knowledge.

Name of Parent/Legal Guardian (please print) _____

Signature _____ Date _____

Notary Public

Subscribed and Sworn to me this: _____ Day of _____ 20 _____

Signature _____

My Commission Expires _____

OFFICIAL USE ONLY

Registration Fees: Picture Received
 Birthdate Verified
 Player Fee: _____
 Coach's Fee: _____
 Other Fee: _____
 Received By: _____
 TOTAL: _____ Date _____
 Cash: _____ Check #: _____ Check \$: _____