

# SSYSA Membership Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Date of Birth Mo: \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Age on August 1<sup>st</sup> \_\_\_\_\_ 2011

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Where employed \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Where employed \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other Children from family presently in league  yes  No

Name \_\_\_\_\_ Age \_\_\_ Name \_\_\_\_\_ Age \_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

List any medical problem or prohibition player has: \_\_\_\_\_

Person to notify in case of emergency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor to notify in case of emergency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of prior Seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of last season \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

UNIFORM SIZE	YOUTH	ADULT
Shirt	XS S M L YXL	S M L AXL
Shorts	XS S M L YXL	S M L AXL

## PARENTAL SUPPORT

We ask for active participation of all parents in our program, please CHECK area(s) in which you would be willing to help.

- Coach  Asst. Coach  Referee  Field Preparation  Concessions  Board Member  Team SPONSOR  
 Fund Raising  Team Parent  Photo Coordinator

## 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 wellbeing of my dependant.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## IMPORTANT

I, THE PARENT/GUARDIAN OF THE BELOW NAMED PLAYER WILL ABIDE BY THE RULES AND REGULATIONS OF THE SSYSA, USYSA, ASSA, ITS AFFILIATED ORGANIZATIONS AND ITS SPONSORS. In consideration of the player's participation in the soccer programs and activities of SSYSA, I, for myself and for the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify SSYSA, Gates Rubber Inc., and The City of Siloam Springs their affiliates, owners and the operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the programs, including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant SSYSA and its affiliates the right to use the player's name, picture or likeness in printed, broadcast and other promotional material concerning the programs provided; such usage is related to the player's status as participant in the soccer program.

Name: Print \_\_\_\_\_ Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian* *Parent/Guardian*

Name: Print \_\_\_\_\_ Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Player* *Player*

## OFFICIAL USE ONLY

Registration Fees \$ \_\_\_\_\_ Received:  Yes  No Family Buy out received:  Yes  No

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Cash  Check # \_\_\_\_\_ Cookie Dough