



NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form



NEW MEXICO YOUTH SOCCER Affiliated with USSF and US Youth Soccer

OFFICIAL USE ONLY [] NEW [] RE-REGISTRATION [] FULL YEAR [] SINGLE SEASON

League / Club / Team Name Age Group Div

(USE CODE ONLY) Region State District League Club Team R = Recreational C = Competitive CL = Classic A = Academy / Other

Paid: Check # Date Amount PIC POA

- I.D. # [] Check here for change of name, address or phone. [] Check here if player is assigned to a team older than his/her normal age and complete playing-up consent form. [] Check here if this is a "secondary" player registration and complete consent form.

Player Last Name: Player First Name: Player MI: Sex: M or F

Last Team: Last League/Club: Last Coach: Player Birth Date: Mother's birth month / day: (needed for unique player ID number)

Uniform size (if applicable) (circle) Jersey: YS YM YL YXL AS AM AL AXL Shorts: YS YM YL YXL AS AM AL AXL

Primary Guardian: First Name: Last Name: Email Address: Relationship:

Street Address: City, State & Zip Code:

Home Phone: Business or Cell Phone:

Secondary Guardian: First Name: Last Name: Email Address: Relationship:

Street Address: City, State & Zip Code:

Home Phone: Business or Cell Phone:

PARENT'S APPROVAL

WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by League, NMYSA, USSF, and US Youth Soccer rules and regulations.

Parent/Guardian name (print) Signature: Date:

MEDICAL RELEASE

List any medical problem or prohibition player has: Allergies:

Person to notify in emergency: Telephone: ()

Doctor to notify in emergency: Telephone: ()

Insurance carrier: ID #: Telephone: ()

Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, it's affiliates 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.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Name of Parent/Guardian (print)

Signature Date