



USYSA Membership Form



United States Youth Soccer Association
Member of the United States Soccer Federation (USSF)
Affiliated with the Federation Internationale de Football Association (FIFA)

OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC. – PLAYERS

ID # []	Male = M Female = F []	Coach's License Level []	TRANSFER []	NEW []	FOR LEAGUE USE ONLY RE-REGISTRATION []	CHANGE/CORRECTION []
----------	----------------------------	---------------------------	--------------	---------	--	-----------------------

This section must be completed by the team coach.

League Name					Age Group		Div.	
Club/Team Name								
(USE CODE ONLY) >	Region	State	District	League	Club	Team	Recreational = R Competitive = C	

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

Last Name				First Name			Init.	[]
Address					City			
	State	Zip Code	Area Code	Telephone Number	Birth Date	Mo.	Day	Year

SPECIAL NOTE TO ALL PLAYERS THAT PLAYED HIGH SCHOOL SOCCER LAST FALL

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION RULES LIMIT OSYSA TEAMS TO NO MORE THAN FIVE (5) PLAYERS WHO PLAYED HIGH SCHOOL SOCCER AT THE SAME HIGH SCHOOL LAST FALL (VARSITY, RESERVE, FRESHMEN) FROM BEING ON THE SAME OSYSA TEAM PRIOR TO JUNE 1ST.

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	_____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my 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/Guardian _____

X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

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 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.

Name _____
Parent/Legal Guardian (please print)

Signature X _____ Date _____