

## **USYSA MEMBERSHIP FORM**

## US VOUTH SOCCER...

## OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC. - PLAYERS

 Male = M
 Coach's
 FOR LEAGUE USE ONLY

 Female = F
 License Level
 TRANSFER
 NEW
 RE-REGISTRATION
 CHANGE/CORRECTION

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

ID # [	][	[	]	[ ]		[ ]	[ ]	<u> </u>	[	]		[ ]			Assoc	ciation (I	FIFA)	
				This	sectio	n mus	t be comp	oleted	by the to	eam c	coach							
League Name	<u> </u>									Age Group	s		Div.					
Club/Team Name																		
(USE CODE ONLY)>	E 2B		11													L		
	Region State District				trict	League			Club				Team			Recreational = R Competitive = C		
Last Name									Fir Na	st me						Init.		
Address <sub>.</sub>										City	/							
l	State	l	Zip C	ode	JL		Area Code	 e	Te	lephon	ne Number		Birth Date	Mo.	Day	Ye	ear	
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)  WHO PLAYED HIGH SCHOOL SOCCER AT THE SAME HIGH SCHOOL LAST FALL  (VARSITY, RESERVE, FRESHMAN) FROM BEING IN THE SAME OSYSA TEAM PRIOR TO JUNE 1																		
Father's Name Occupa  Mothers's Name Occupa																		
List any m	edical problem	ns or p	rohibition r	player has														
Person to notify in emergency								·										
Doctor to	notify in emerg	ency							•				7	elephon	e			
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 Denistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.  Signature of the Parent/Guardian  X  Address  City State Zip									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 sponsorsRecognizing the possibility of physical injury association 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 affilated organizations and facilities used 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  Signature X  Date									
	I have received the Ohio Department of Health Concussion Information Sheet for Youth Sports  Signature of Parent / Guardian:  Date:																	