



NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form



Affiliated with USSF and US Youth Soccer

OFFICIAL USE ONLY

[] NEW

[] RE-REGISTRATION

League Name _____ Age Group _____ Div _____

Club/Team Name(s) _____

(USE CODE ONLY) Region _____ State _____ District _____ League _____ Club _____ Team _____ R = Recreational C = Competitive

Paid: Check # _____ Date _____ Amount _____

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.

Last Name _____ First Name _____ Init _____ Sex: _____ M _____ F _____

Address _____ City _____

State _____ ZIP Code _____ (Area Code) Telephone number _____ Birth Date _____ / _____ / _____ (player) Mother's birth month / day _____ / _____ (needed for unique player ID number)

Last Team _____ Last League _____ Last Coach _____ Family E-mail Address (PRINT) _____

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

Father's Name _____ Home Phone _____ Bus./Cell Phone _____

Mother's Name _____ Home Phone _____ Bus./Cell Phone _____

List any medical problem or prohibition player has _____ Allergies _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

PARENT'S APPROVAL AND MEDICAL RELEASE

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 NMYSA, USSF, and US Youth Soccer rules and regulations. NMYSA registered players may forfeit their youth status eligibility by signing a USSF "A" senior amateur form. Youth players may play senior level soccer after obtaining appropriate advice and waiver under US Youth Soccer rule 4.2.4.

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 _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public _____

My commission expires _____

(raised seal or original stamp)