

USYSA Membership Form Arsenal Colorado



Team _____
 Team # _____ Age/Gender _____

 Last Name _____ First Name _____ Initial _____ Jersey # _____
 Address _____ City _____ State _____ Zip _____
 Phone Number(s) _____ Month _____ Date _____ Year _____ Male/Female
 Birthdate _____

Father's Name _____ Cell/Bus. Ph _____
 Mother's Name _____ Cell/Bus. Ph _____
 List any medical problems or prohibitions player has _____
 Person to notify in emergency _____ Phone _____
 Doctor to notify in emergency _____ Phone _____
 Email Address _____

IMPORTANT

I, the parent/guardian of the below named player, a minor, agree that I and the player will abide by the rules and regulations of the USYS, its affiliated organizations and its sponsors ("USYS Parties"). In consideration of the player's participation in the soccer programs and activities of the USYS Parties (the "Programs"). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS Parties, the owners and 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 the USYS Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Parent/Guardian _____
 (please print)
 Signature _____ Date _____

ARSENAL DISCLOSURE STATEMENT

Signature on this form binds the player to his/her club for the seasonal year (fall and spring) and as such the player is expected to fulfill that commitment. The player is responsible for a full year of fees paid seasonally (fall and spring). Player releases during the seasonal year will not be considered unless the request falls within a Colorado Soccer Association specified transfer window.

I, _____,
 parent/guardian of _____

(player name) have read and understand the above described obligations and responsibilities to the Arsenal program.

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 wherever conditions are necessary to preserve the life, limb and well-being of my dependent

Signature of Parent /Guardian _____