



INDIVIDUAL MEMBERSHIP FORM

OFFICE ONLY

NEW PLAYER RETURNING PLAYER YEAR _____ AGE GROUP: _____
 LAST YEAR COACHES LAST NAME: _____ FALL: _____
 REQUESTING NEW TEAM: _____ SPRING: _____

PLAYER INFO

USE BIRTH CERTIFICATE NAME ONLY _____
LAST FIRST INITIAL NICKNAME

MAILING ADDRESS _____
CITY ZIPCODE

() _____ () _____ () _____
HOME PHONE CELL PHONE CELL PHONE

DATE OF BIRTH _____
MONTH DAY YEAR

FEMALE MALE

VERIFIED BY OFFICE _____ SCHOOL ATTENDING _____

EMAIL: _____ SIBLINGS IN MYSA _____ YES _____ NO

LIST ANY MEDICAL PROBLEM(S) OR PROHIBITION PLAYER HAS: _____

DOCTOR TO NOTIFY IN EMERGENCY: _____ () _____
TELEPHONE

PERSON TO NOTIFY IN EMERGENCY: _____ () _____

NUMBER OF PRIOR SEASONS PLAYED _____ LAST LEAGUE _____ DATE OF LAST SEASON _____

PARENT(S) GUARDIAN(S)

FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE () _____
 MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE () _____

PARENTAL SUPPORT
 We ask for active participation of ALL parents in our program. Check area (s) in which you would be willing to help.

Coach Board Member
 Asst. Coach Fund Raising
 Team Parent

MYSA runs background checks on all of our volunteers

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 organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields 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 _____ DATE _____

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 whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

SIGNATURE OF PARENT OR GUARDIAN: _____
 X _____

OFFICIAL USE ONLY

PICTURE RECEIVED YES NO
 BIRTHDATE VERIFIED YES NO

FALL	SPRING
AMOUNT PAID \$ _____	AMOUNT PAID \$ _____
CASH \$ _____	CASH \$ _____
CHECK # _____	CHECK # _____
CREDIT CARD MC VISA DEBIT DISCOVER AM/EXP _____	CREDIT CARD MC VISA DEBIT DISCOVER AM/EXP _____
DATE ____ / ____ / ____	DATE ____ / ____ / ____
RECEIVED BY: _____	RECEIVED BY: _____



PARENT'S CODE OF ETHICS

As a parent I play a special role in contributing to the needs and development of MY child. Through my encouragement and good example, I can help assure that my child will learn good sportsmanship and self-discipline all while becoming physically fit and healthy.

PLEASE INITIAL EACH OF THE FOLLOWING

_____ I will make every effort to take my child to practice and to games.

_____ I will support my child by giving encouragement and showing interest in his/her team. I will be positive to my child and my child's team and I will encourage my child's efforts.

_____ I will help my child work toward skill improvement and good sportsmanship.

_____ I will teach my child that hard work and perseverance are often more important than victory. This way my child will always be a winner despite the outcome of the game!

_____ I will work to be a positive role model for my child by applauding good plays with my child's team as well as good plays by the opposing team.

_____ I will remember that my child is the one playing soccer, not me. Children play for the fun of playing. Nobody likes to make mistakes. If my child does make one, I will remember that it's all part of learning.

_____ I will NOT use any foul language at practice and games.

_____ I will refrain from coaching or refereeing from the sidelines. I will remain on parent's side of the field during the games.

_____ I will follow all the Laws of the Game and will abide by all the administrative procedures of MYSA, Rio Valley Youth Soccer Association (RVYSA), South Texas Youth Soccer Association (STYSA), and the United States Soccer Federation.

Smoking and drinking alcoholic beverages are not permitted at the fields.

I agree to comply with the Parent's Code of Ethics as stated above. I understand that failure to comply with the agreement could jeopardize my child's eligibility to continue in MYSA.

Print Child's Name: _____ Date: ____/____/____

Parent's Name: _____

Parent's Signature: _____