USYSA Membership Form

Kansas Rush Soccer Club

www.kansasrush.com
1570A S. Mahaffie Circle • Olathe, KS 66062 • (913) 764-4111

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

PLAYER INFORMATION

Gender (circle one): Male Female

Division: U - |__|__| **Birthdate:** |M|M|D|D|Y|Y|

Last Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **First Name:** |__|__|__|__|__|__|__|__|__|__|__|__|

Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City: |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **State:** |__|__| **Zip Code:** |__|__|__|__|__|

Phone Number: |__|__|__|__|__|__|__|__|__|__|

Nearest Elementary School: _____

Last Season Played: _____ **Previous Coach (please list last name):** _____

PARENT INFORMATION

Father's Name: _____ **Cell Phone:** _____

Mother's Name: _____ **Cell Phone:** _____

Email Address: _____

Person to notify in emergency (other than parent): _____ **Phone:** _____

Doctor to notify in emergency: _____ **Phone:** _____

List any medical problems or prohibitions player has: _____

COACH REQUEST/COMMENTS:

JUNIOR RUSH SOCCER USE ONLY

Day _____ **Time** _____

In consideration for being allowed to participate in any way in the USSF sanctioned play, including play sanction by the US Youth Soccer Association and the Kansas State Youth Soccer Association, as a player in games, training activities and exercises, and related events and activities, the undersigned:

1. Agrees that the parent(s) and or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immedia tely advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue KANSAS RUSH SOCCER CLUB, US YOUTH SOCCER ASSOCIATION, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated teams and clubs, their respective administrators, directors, agents, coaches andother employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. 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.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. The Information above and medical history supplied is correct to the best of my knowledge.

Name of Parent/Legal Guardian *(please print)*: _____

Signature: _____

PARENTAL SUPPORT

We ask for active participation from all parents.
Please check areas in which you would be willing to help

□ Coach □ Asst. Coach □ Team Parent
□ Fundraising □ Board Committee Volunteer

CLUB USE ONLY

Received By: _____ Date: _____

□ CASH □ CHECK #_____

Adult League ___ **Camps** ___ **Junior Rush** ___ **REC U6-U18** ___ **Competitive** ___ **PDP** ___

All walk up registrations using this form are final. No refunds will be issued.

Make checks payable to Kansas Rush. Please see the club's policy regarding refunds.
Medical insurance held by the club is secondary to any other applicable policy.