



USYSA MEMBERSHIP FORM



OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC. - PLAYERS

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

Male = M Coach's **FOR LEAGUE USE ONLY**
Female = F License Level TRANSFER NEW RE-REGISTRATION CHANGE/CORRECTION

ID # [] [] [] [] [] [] []

This section must be completed by the team coach

League Name						Age Groups		Div.	
Club/Team Name									
(USE CODE ONLY)>	2B	11							
	Region	State	District	League	Club	Team	Recreational = R Competitive = C		

Last Name				First Name			Init.	
Address					City			
	State	Zip Code	Area Code	Telephone Number	Birth Date	Mo.	Day	Year

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	Occupation	Bus. Phone
Mothers's Name	Occupation	Bus. Phone
List any medical problems or prohibition player has		
Person to notify in emergency	Telephone	
Doctor to notify in emergency	Telephone	

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 _____
 Phone: Home _____ Bus. _____

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 sponsors Recognizing 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 affiliated 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:
