



TEAM OFFICIAL MEMBERSHIP FORM

 COACH ASSISTANT COACH MANAGER

8629 W. Central; Suite 3
Wichita, KS 67212
316-729-7770
REGION 2 / STATE 24 / DISTRICT 2

Youth Division of US Soccer
Affiliated with the Federation
Internationale de Football
Association (FIFA)

TEAM NAME _____

AGE GROUP _____ BOYS/GIRLS _____

 RECREATIONAL COMPETITIVE Updated: 1/14/15

COMPLETE ENTIRE FORM (PRINT LEGIBLY)

LAST NAME _____ FIRST NAME _____ INITIAL _____

BIRTH DATE ____ - ____ - ____ MALE _____ FEMALE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH ____ - ____ - ____ WORK PH ____ - ____ - ____ CELL PH ____ - ____ - ____

E-MAIL ADDRESS _____

PERSON TO NOTIFY IN AN EMERGENCY _____ PHONE _____

DOCTOR TO NOTIFY IN AN EMERGENCY _____ PHONE _____

RISK MANAGEMENT IS REQUIRED TO BE A TEAM OFFICIAL, CONTACT SCSA AT scsasoccer@sbcglobal.net IF YOU HAVE NOT COACHED PREVIOUSLY OR NEED YOUR USER NAME AND PASSWORD. PROVIDE LEGAL NAME, DATE OF BIRTH AND CURRENT EMAIL ADDRESS IN EMAIL.

COACH LICENSE LEVEL * _____ LICENSE NUMBER _____
(* License required before 2nd season.)

IMPORTANT

I agree that I will abide by the rules and regulations of the USYSA, KSYSA, SCSA, all other affiliated organizations and its sponsors ("USYSA Parties), in consideration of my participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the City of Wichita, Sluggers (Cooperstown d.b.a.), all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs including without limitation, transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use my name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to my status as a participant in the Programs.

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____