

Merrymeeting Soccer Club
 Peggy Reinsch, Registrar
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Club _____ Age _____
 Name Merrymeeting r Group _____ Div _____
 Team _____
 Name Merrymeeting Soccer Club

(Use Code Only) _____ 01 North _____ I.D.# _____
 01 05 04 _____
 Region State District 02 South _____
 03 Metro _____
 04 Central _____

Player Membership Form

Last Name _____ First Name _____ Init _____ M _____ F _____
 Address _____ City _____ State _____ Zip _____
 Parent's Email _____ Telephone _____ - _____ - _____ Birthdate mo _____ day _____ year _____

Father's Name _____ Occupation (optional) _____ Bus Phone _____
 Mother's Name _____ Occupation (optional) _____ Bus Phone _____

List any medical problem or prohibition player has _____
 Person to notify in emergency _____ Telephone _____
 Doctor to notify in emergency _____ Telephone _____
 Height _____ Weight _____ School _____ Grade _____

Other Children from family playing in club
 _____ Age _____
 _____ Age _____

Important

I, the parent/guardian of the below-named player, a minor, agree that the player and I will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer league programs and activities of the USYSA Parties (the "Program"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA 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 USYSA 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.

As the parent or legal guardian of the below-named player, I hereby give **consent for emergency 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.

Recognizing that adults are role models for all of our players, I/we **pledge not to smoke or to use tobacco** in proximity to any fields being used for youth soccer activities.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Name
 Signature: X _____ Signature: _____
 Date: _____ Date: _____
 Address: _____ Phone: _____
Home
 City _____ State _____ Zip _____ Bus _____

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

Coach Referee Board Member
 Asst. Coach Publicity Fund Raising
 Team Manager Donor



Official Use Only

Picture received yes no
 Birthdate verified yes no
 Player Fee \$ _____ Received by _____
 Check No. _____ Date _____

