



**HAWAII YOUTH SOCCER ASSOCIATION**  
Member of U.S. Youth Soccer  
and the  
United States Soccer Federation

# Membership Form

FOR LEAGUE USE ONLY

- TRANSFER
- NEW
- REREGISTRATION
- CHANGE/CORRECTION

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div. \_\_\_\_\_

Club/Team Names (s) \_\_\_\_\_

(USE CODE ONLY) → Region \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ League \_\_\_\_\_ Club \_\_\_\_\_ Team \_\_\_\_\_ Recreational=R Competitive=C

I.D.# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male = M Fem = F Player = P Coach = C Coach's License Level \_\_\_\_\_

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 \_\_\_\_\_

Number prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_ 20 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Other Children From Family Presently In League \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

## IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that I and the player 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 programs and activities of the USYSA Parties (the "Programs"), 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.

Name: \_\_\_\_\_ Player: \_\_\_\_\_  
Print Name of Parent/Guardian Print Name

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL SUPPORT

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

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other \_\_\_\_\_

## 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 \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

## OFFICIAL USE ONLY

Picture Received  Yes  No  
Birthdate Verified  Yes  No

### Registration Fees:

Player Fee ..... \$ \_\_\_\_\_ Received By \_\_\_\_\_

Coach's Fee ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_ Date \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Cash  \$ \_\_\_\_\_

Check No. \_\_\_\_\_ \$ \_\_\_\_\_