



# INDIVIDUAL MEMBERSHIP FORM

## Lampasas Soccer Association

Fees Paid



United States Youth Soccer Association

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

OFFICIAL USE ONLY

Team Code        
 Assn. Club Level Sex Age Team No.

Team Name \_\_\_\_\_ Age Group \_\_\_\_\_  
 I.D.# \_\_\_\_\_

Use Birth Certificate Names Only

Last First Initial Nickname

Mailing Address

Email Address

Check here if you would like to receive text notifications in addition to emails regarding team news, like practice and game schedule changes. Notifications will be sent to the Player Cell Phone number listed below.

( )

( )

Player Home Phone

Player Cell Phone

Date of Birth / /  
Month Day Year

Verified By (LSA Officials ONLY)

- Male  Female
- Player  Coach  Asst. Coach  Other
- NYCC Team  Coach's License Level

Father's Name Occupation Primary Phone

Mother's Name Occupation Primary Phone

List any medical problems or prohibition player has

Person to notify in emergency Phone

Doctor to notify in emergency Phone

Number of prior seasons played Last Team Last League Date Of last season 20

Height Weight School Grade

### Required Uniform Size

XS  S  M  L  S  M  L  XL  2XL  3XL

Comments:

Other Children From Family Presently In League Age

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 associated with soccer and in consideration by 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 sponsors, their employees and associated personnel, including the owners of fields and facilities utilized 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 Parent/Legal Guardian (please print)

Signature Date

### PARENTAL SUPPORT

We ask for active participation of all parents in our program.

Check area(s) in which you would be willing to help.

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

X

Address

City State Zip

Phone - Home Bus

### OFFICIAL USE ONLY

Picture Received  Yes  No  
Birthdate Verified  Yes  No

Registration Fees:

Player Fee \$  Cash \$

Uniform Fee \$ Check No. \$

Equipment Fee \$ TOTAL \$

Received By Date