



# Membership Form - Acadiana Soccer Association

School Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

| LA | State | zip | Area code | telephone # | Month     | Date | Year | Male = M   |
|----|-------|-----|-----------|-------------|-----------|------|------|------------|
|    |       |     |           |             | Birthdate |      |      | Female = F |

AGE on August 1, 2009: \_\_\_\_\_

REGISTRATION FEE: league fee, secondary insurance policy = \_\_\_\_\_

NEED UNIFORM? (circle needs) YOUTH ADULT XS M L XL = \_\_\_\_\_ Total Due: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address: (required for updates) \_\_\_\_\_

I can help by being a: COACH ASST COACH TEAM MOM

List any medical problem or prohibition player \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_

## IMPORTANT

I, the parent /guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS (Youth Division of US Soccer), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the USYS, 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 (please Print) \_\_\_\_\_

Signature: X \_\_\_\_\_ Date \_\_\_\_\_

## 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: \_\_\_\_\_