

**INDIVIDUAL MEMBERSHIP FORM**  
 Please PRINT Firmly and Legibly. (One form per player)

Fees Paid  
 Amount: Cash Check #

# Express Soccer Club REC

Use Birth Certificate Names Only

Last First Initial Nickname

Mailing Address

Street/Box No. City Zip

( ) ( )

Home Phone Work Phone

( )

Mobile or Alternative Number Email Address

Date Of Birth / /  Male  Female **ETHNICITY:** Hispanic \_\_\_ Anglo \_\_\_ Other \_\_\_ African Amer \_\_\_, Asian Amer \_\_\_ Native Amer \_\_\_

Month Day Year Verified By

School Attended This Season Grade How Many In Household: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_

List any medical problems player has \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Contact No. ( ) \_\_\_\_\_

Doctor to notify in an emergency \_\_\_\_\_ Contact No. { } \_\_\_\_\_

Number prior Seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_

My child's previous Coach \_\_\_\_\_

**UNIFORM INFO: JERSEY SIZE: \_\_\_\_\_ SHORT SIZE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_**

**Must Sign**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 for 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. In addition, I authorize the use and reproduction of any/all photographs which depict Club activities.

**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 life, limb, or well being of my dependant.

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Parent/Legal Guardian (please print) Date: \_\_\_\_\_

**Parental Support**  
 We need your active participation.  
 Please check where you would like to help.

Coach  Committee  
 Asst Coach  Referee  
 Team Manager  Fund Raising  
 Team Parent  Concessions  
 Field Preparation  Board Member  
 Publicity  Donor