

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

Fees Paid
 Amount: Cash Check #



Dynamo Jr.-Coastal Bend

Use Birth Certificate Names Only

_____ Last First Initial Nickname

Mailing Address

_____ Street/Box No. City Zip

() ()
 _____ Home Phone Work Phone

() Mobile or Alternative Number Parent Email Address

Date Of Birth / / **Male** **Female** **Player Mobile Phone:** _____
Player Email: _____

Month **Day** **Year** **Verified By** **School Attending 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 _____ **JERSEY NUMBER:** _____

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.

Signature: _____

Parent/Legal Guardian (please print)

NAME: _____ Date: _____

Parental Support

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Asst Coach | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Donor |