

Van Buren Youth Soccer Association

USYSA Membership Form

Youth Division of the United States Soccer Federation (USSF)

Affiliated with the Federation Internationale de Football Association (FIFA)

Please write legibly.

Last Name: _____ First Name: _____ Mid Initial: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Birthdate: _____ / _____
Male Female

E-Mail Address _____ Child's Mother's Birthdate: _____ (MM/DD)
REQUIRED (no year)

Guardian's Name (M): _____ Phone: _____

Guardian's Name (F): _____ Phone: _____

Address (if different): _____

Any Medical Problem or Prohibition Player has: _____

Person to Notify in Emergency: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

School _____ Grade _____ New Player to VBYS: _____

Played for Van Buren Youth Soccer before on (Team Name): _____

As a player, I agree to conduct myself in a manner which exhibits good sportsmanship at all games, including tournament. This includes showing respect, through proper behavior and language, towards players, coaches, referees and spectators. I understand that any behavior on my part that is offensive, threatening, or disrespectful, may result in my immediate dismissal from the game area, and/or disciplinary action. Please note that coaches reserve the right to limit a player's actual playing time on the field for discipline purposes.

Player Signature: _____

Jersey Size U-6 ONLY	
<input type="checkbox"/> Youth Small (6-8)	<input type="checkbox"/> Youth Large (14-16)
<input type="checkbox"/> Youth Medium (10-12)	

Jersey Size U-8 to U-19	
<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult X-Large

Jersey Agreement

The team Jersey received by your son/daughter is the property of Van Buren Youth Soccer Association. It is to be returned in a clean and wearable condition at the end of the soccer season. Failure to return the game jersey will result in a \$50.00 fee being assessed to you to replace it
The Jersey is to be worn to games and pictures only. No practices or school

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.

Rules of the USYSA

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 for the USYSA accepting the registrant for its soccer program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. The Black Swamp Soccer League, Van Buren Youth Soccer Association and coaches, Allen Township Trustees and the Van Buren Community Sports Association) their employees and associated personnel, including 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/from the same, which transportation I hereby authorize.

Parental/Guardian Support

Check the area(s) in which you would be willing to help; however, you may be assigned a different duty based on availability
If you do not wish to participate by volunteering, you will be charged a \$75 deferral fee. The deferral fee is due at registration.

- | | | |
|---|--|--|
| <input type="checkbox"/> Coach () | <input type="checkbox"/> Asst Coach () | <input type="checkbox"/> Team Parent |
| <input type="checkbox"/> Concession Worker | <input type="checkbox"/> Tournament Worker | <input type="checkbox"/> Field Set Up |
| <input type="checkbox"/> Fall Tournament Concession Stand Coordinator | | <input type="checkbox"/> Field Tear Down |
| <input type="checkbox"/> Concession Stand Coordinator | | <input type="checkbox"/> Field Paint |

Please Review the above positions as we need to fill many positions.

I DO NOT WISH TO VOLUNTEER AND HAVE INCLUDED THE \$75 DEFERRAL FEE WITH REGISTRATION

Please sign here to indicate you've read and agree to the above.

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

Registrar Use: Date: CK# Cash: Div: