

Kentucky Youth Soccer Membership Form

Last Name _____ First Name _____ Init. _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____ E-Mail Address _____ Date of Birth (mm/dd/yy) M _____ F _____

Father's Name: _____ Occupation: _____ Bus. # _____

Mother's Name: _____ Occupation: _____ Bus. # _____

List any medical problem or prohibition player has: _____

Person to notify in emergency: _____ Telephone # _____

Doctor to notify in emergency: _____ Telephone # _____

Number prior seasons played: _____ Last Team: _____ Last League: _____

Date and Year of Last Season: _____

Height: _____ Weight: _____ School: _____

Uniform Size: Shirts: _____ Shorts: _____ Socks: _____

IMPORTANT

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

CONSENT FOR MEDICAL TREATMENT

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.

Name: _____
Parent/Legal Guardian (please print)

Signature: _____ Date: _____

OFFICIAL USE ONLY:

Total: \$ _____ Received by: _____ Date: _____ Time: _____ Cash _____ Check # _____