



HAWAII YOUTH SOCCER ASSOCIATION
Member of U.S. Youth Soccer
and the
United States Soccer Federation

Membership Form

FOR LEAGUE USE ONLY

- TRANSFER?
- NEW
- REREGISTRATION
- CHANGE/CORRECTION

League Name HYSA Age Group _____ Div. _____

Club/Team Names (s) HSC Bulls

(USE CODE ONLY) IV HI _____
Region State District League Club Team Recreational = R Competitive = C

I.D.#

Last Name _____ First Name _____ Init. _____
Address _____ City _____
State _____ Zip Code _____ Area Code _____ Telephone Number _____
Month _____ Day _____ Year _____ Male = M Fem = F Player = P Coach = C Coach's License Level _____

Father's Name _____ Occupation _____ Bus. Phone _____
Mother's Name _____ Occupation _____ Bus. Phone _____
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 of Last Season _____ 20____
Height _____ Weight _____ School _____ Grade _____
Other Children Presently In League _____ Age _____
Email Address _____

IMPORTANT

I, the parents/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs, including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Name
Signature: Signature:
Date: _____ Date: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check areas(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other _____

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
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Bus. _____

OFFICIAL USE ONLY

Picture Received Yes No
Birthdate Verified Yes No

Registration Fees:

Player Fee \$ _____
Coach's Fee \$ _____
Other \$ _____
TOTAL \$ _____
Cash \$ _____
Check No. _____ \$ _____
Received By _____
Date _____