US YOUTH SOCCER MEMBERSHIP FORM

CLUB USE

RIVERTON YOUTH SOCCER ASSOCIATION

____ $25 Recreation ____ $12 Recreational Reversible Jersey
____ $125 Competitive ____ YS ____ YM ____ YL
____ $10 Indoor ____ AS ____ AM ____ AL
Total Payment: Check # _____ Cash _____ Waiver _____

Please Volunteer : Coach Assistant Coach

Age Group

Players who do not play after registering will be given a full retund if notified one week prior to the season start.
Notification after that date will have state fees deducted from the refund. Refund requests must be in writing.

PLAYER

PLEASE PRINT FIRMLY AND LEGIBLY

NAME LAST FIRST MI

ADDRESS CITY

WY ST ZIP 307 AREA PHONE # 19 20 DATE OF BIRTH (M) (D) (YEAR) Player - P Coach - C Gender (M or F)

E-MAIL ADDRESS

PARENT

Father's Name _____ Occupation _____ (W) _____

Mother's Name _____ Occupation _____ (W) _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emegency _____ Phone _____

Number of prior seasons played _____ Last WSSA Team _____ Date of Last Season _____

CONSENT

IMPORTANT

I, the parent/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 indemnity 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 _____ Name _____
Parent/Guardian (Please Print) Player (Please Print)

Parent/Guardian Signature _____ Date _____ Player Signature (if 18 years or older) _____ Date _____

MEDICAL

CONSENT FOR MEDICAL TREATMENT FOR A 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 and well-being of my dependent.

Signature of Parent or Guardian _____ Relationship _____

Address _____ City _____ ST _____ Zip _____

Phone: Home _____ Business _____

Mail Form and Check Back To: RYSA @ PO Box 1504, Riverton, WY 82501

FOR YOUR OWN PROTECTION, DO NOT MAIL CASH - ONLY CHECK OR MONEY ORDER