Mail to: USAYSO,
11600 Manchaca Road, #1
Austin Texas 78748

Include a copy of the player's birth certificate

Player Registration Form

usayso.org

Player's Information:
Last: First: Middle:

Address: City: Zip:

School: Date of Birth: Gender: Male Female

Parent / Guardian :		Parent / Guardian :	
Name :		Name :	
Home Phone :		Home Phone :	
Work Phone :		Work Phone :	
Cell Phone :		Cell Phone :	
Email :		Email :	
Occupation :		Occupation :	
Employer :		Employer :	
Emergency Contact :		Doctors Name :	
Relationship :		Address :	
Home Phone :		City / Zip :	
Work Phone :		Phone :	
Cell Phone :			
Insurance Company :		Phone :	
Policy Holder's Name:		Policy Number :	

Parental Support

Copa FC is a organization run mostly by volunteers. Each team, as well as the organization as a whole, requires adult participation. Please indicated below how you will contribute.

❒ Coach ❒ Assistant Coach ❒ Team Parent ❒ Fund Raising ❒ Donation

❒ Concessions ❒ News Letter ❒ Field Work ❒ Other Skills _____

❒ Returning Player ❒ New Player | Seasons Played:_____ Prior Team:_____ Prior Coach:_____

Comments:

Player	○ **Circle**	**Age Group**				
Age	U-10 Girls	U-11 Girls	U-12 Girls	U-13 Girls	U-14 Girls	U-16 Girls
Group	U-10 Boys	U-11 Boys	U-12 Boys	U-13 Boys	U-14 Boys	U-16 Boys

♦ REGISTRATION FEE: **$400.00** per season Check #_____ Amount Paid:_____

♦ PLAYER UNIFORM FEE : **$75.00** ❒ S ❒ M ❒ L ❒ XL

CC Number#_____ Exp. Date:_____ ○ Credit Card ○ Check ○ Money Order ○ Cash

Consent for Medical Treatment

As a parent or legal guardian of the registrant, 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 dependent.

PARENT OR GUARDIAN SIGNATURE _____

Consent for Play

WE HEREBY AGREE THAT THE Copa FC ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF Copa FC AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GUARDIAN SIGNATURE _____Date_____