

United South Austin Youth Soccer Organization

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



USAYSO

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

Parental Support

USAYSO 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	U-5 Coed	U-6 Coed	<input type="radio"/> Circle Age Group						
Age	U-7 Girls	U-8 Girls	U-9 Girls	U-10 Girls	U-11 Girls	U-12 Girls	U-13 Girls	U-14 Girls	U-16 Girls
Group	U-7 Boys	U-8 Boys	U-9 Boys	U-10 Boys	U-11 Boys	U-12 Boys	U-13 Boys	U-14 Boys	U-16 Boys

U-5—U-6 **\$55.00** U-7—U-8 **\$65.00** U-9—U16 **\$75.00** Check # _____ Amount Paid: _____

♦ PLAYER UNIFORM FEE : **\$35.00**
 S
 M
 L
 XL
 Credit Card
 Check
 Money Order
 Cash
 CC Number# _____ Exp. Date: _____

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 A GREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) 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 SAY AND WE A GREE 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** _____