



Missouri Youth Soccer Association Membership Form



Must complete a separate form for each team

PLEASE PRINT

Player Coach Assistant Coach Team Manager

TEAM NAME (requested/assigned) _____

Coach Name (requested/assigned) _____

Teammate Request (not guaranteed) _____

Age Div _____ **Yrs. Exp.** _____ Recreational Competitive Dual Roster/Secondary

If dual roster please list primary team & league: _____

Full Name _____ **T-shirt size** _____
 Youth Adult

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Birth Date** (MM/DD/YY) _____

EMAIL ADDRESS _____

School Attending _____ **Grade** _____ **Age** _____

Father _____ **Cell** _____ **Alt.** _____

Mother _____ **Cell** _____ **Alt.** _____

Child Lives With _____ **Relationship** _____

Siblings registered with SAI (names & ages) _____

List any medical problems the player has _____

Emergency Contact (other than parent) _____ **Phone** _____

PARENT SIGNATURE _____ **DATE** _____

Liability Release: I, the above signed parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and 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 Program.

League Use Only

Dual Roster Coach

FW Board Member

3rd Child _____

League Fee \$ _____

Cash _____ Check# _____

Name on Check _____

Multiple Players on one check _____

League Rep _____ **Date** _____ Signups PO Box S.C. In Person Other