



# KANSAS YOUTH SOCCER ASSOCIATION MEMBERSHIP & MEDICAL RELEASE FORM

### LEAGUE USE ONLY

- New Registration
- Transfer
- Change / Correction

League Name \_\_\_\_\_ Age Group \_\_\_\_\_  
 Club/Team Name \_\_\_\_\_ Division \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  Male  Female  
 Exclude from mailing and email lists

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Birthday (month & day only) \_\_\_\_\_  
 Mother's month and day of birth is collected only to create a unique record for each participant.

List any medical problem or prohibition play has \_\_\_\_\_  
 Person to notify in emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

# Seasons Played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

UNIFORM SIZE					PARENTAL SUPPORT				
	XS	S	M	L	XL				
Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Coach	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Committee	<input type="checkbox"/> Reporter
						<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Referee	<input type="checkbox"/> Newsletter
						<input type="checkbox"/> Team Manager	<input type="checkbox"/> Board Member	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Concessions
						<input type="checkbox"/> Team Parent	<input type="checkbox"/> Publicity	<input type="checkbox"/> Clerical	<input type="checkbox"/> Donor

### PARENTS APPROVAL AND MEDICAL RELEASE

In consideration for being allowed to participate in any way in the USSF sanctioned play, including play sanctioned by the US Youth Soccer Association and the Kansas State Youth Soccer Association, as a player in games, training activities and exercises, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue US YOUTH SOCCER ASSOCIATION, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. 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.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. The information above and medical history supplied is correct to the best of my knowledge.

Name of Parent/Legal Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Public**

Subscribed and Sworn to me this: \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

### OFFICIAL USE ONLY

Registration Fees:  Picture Received  
 Player Fee: \_\_\_\_\_  Birthdate Verified  
 Coach's Fee: \_\_\_\_\_  
 Other Fee: \_\_\_\_\_ Received By: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_ Date \_\_\_\_\_  
 Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Check \$: \_\_\_\_\_