



NEW MEXICO YOUTH SOCCER ASSOCIATION

Membership Form



Affiliated with USSF and US Youth Soccer

OFFICIAL USE ONLY [] NEW [] RE-REGISTRATION
League Name Four Corners Youth Soccer League Age Group Div
Club/Team Name(s)
(USE CODE ONLY) 4 10 7 FCYSL VENOM FC C
Region State District League Club Team R = Recreational C = Competitive
Paid: Check # Date Amount

I.D. #
[] Check here for change of name, address or phone.
[] Check here if player is assigned to a team older than his/her normal age and complete playing-up consent form.

Player Last Name: Player First Name: Player Middle Init: Sex: M F
Last Team: Last League: Last Coach: Player Birth Date: Mother's birth month / day:
Uniform size (circle) Jersey: YS YM YL YXL AS AM AL AXL Shorts: YS YM YL YXL AS AM AL AXL

Primary Guardian: First Name: Last Name: Email Address:
Street Address: City, State & Zip Code: Home Phone: Business or Cell Phone:
Secondary Guardian: First Name: Last Name: Email Address:
Street Address: City, State & Zip Code: Home Phone: Business or Cell Phone:

PARENT'S APPROVAL

WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by Venom FC, League, NMYSA, USSF, and US Youth Soccer rules and regulations. NMYSA registered players may forfeit their youth status eligibility by signing a USSF "A" senior amateur form. Youth players may play senior level soccer after obtaining appropriate advice and waiver under US Youth Soccer rule 4.2.4.

Parent/Guardian name (print) Signature: Date:

MEDICAL RELEASE

List any medical problem or prohibition player has: Allergies:
Person to notify in emergency: Telephone:
Doctor to notify in emergency: Telephone:
Insurance carrier: ID #: Telephone:

Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, it's affiliates and facilities utilized for the "programs" against any claim by or on behalf of the registrant as a result of the registrant's participation in the "programs" and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Name of Parent/Guardian (print)

Signature Date