



Mass Youth/US Youth Soccer MEMBERSHIP FORM



Affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

FRIENDS OF VINEYARD SOCCER INC

Organization Name _____

Last Name _____

First Name _____

Mailing Address _____

M/F _____

Date of Birth _____

City _____

State _____

Zip Code _____

Phone # _____

Father's Name _____

Mother's Name _____

Check here if you do NOT want to receive commercial mailings

Medical Problems _____

Person to notify in an emergency? _____

Phone # _____

Doctor to notify in an emergency? _____

Phone # _____

Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Mass Youth Soccer Association, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the 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.

Name: _____

Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

As Parent or Legal Guardian of the above-named player, I hereby give my 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.

Name: _____

Signature: _____

Date: _____

Copies to: Coach, Organization