



Mass Youth/US Youth Soccer MEMBERSHIP FORM

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

Organization Name: Mashpee Youth Soccer

Last Name: _____ First Name: _____ Home Phone: (____) ____ - _____

Mailing Address: _____ Male Female Date of Birth: _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) ____ - _____

E-Mail Address: _____@_____ Check box to the right if you do NOT want to receive commercial mailings

Father's Name: _____ Mother's Name: _____

List any Medical Problems: _____

Whom 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 the registrant and I will abide by the rules of the MYSA, 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/or 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 clam 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.

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: _____

Be sure to visit our websites: www.mashpeeyouthsoccer.org and www.maayouthsoccer.org