



<h2 style="margin: 0;">Kansas Youth Soccer Association</h2> <h3 style="margin: 0;">Membership Registration &amp; Medical Release Form</h3>	NEW REGISTRATION____  RETURNING REGISTRATION____
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Player Last Name: _____ First Name: _____ MI: _____ Birthdate: __/__/____	
Address: _____ City: _____ State: _____ Zip: _____	
Phone: (____) _____ - _____ Preferred Email for contact: _____@_____	
<input type="checkbox"/> Male	Age Group: U4 U5 U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
<input type="checkbox"/> Female	Previous Club: _____ Previous Team: _____

# Seasons Played: _____	School: _____	Grade: _____
(Please Circle) <b>Uniform Size:</b> YS YM YL YXL AS AM AL AXL      (Please Circle) <b>Player is:</b> Recreational      Competitive		
Are there any medical issues which the club/coach should be aware of:    Yes      No (if "Yes" please explain)		
Please list any medications taken on a regular basis:		

Father's Name: _____ Occupation: _____ Cell Phone (____) _____ - _____ Email: _____@_____
Mother's Name: _____ Occupation: _____ Cell Phone (____) _____ - _____ Email: _____@_____
<b>Someone (other than parent) to notify in case of an emergency:</b>
Name: _____ Cell Phone (____) _____ - _____ Relationship to player: _____
Doctors Name and Phone: _____ (____) _____ - _____
Preferred Hospital: _____

<b>Parent Can Help with:</b>	
<input type="checkbox"/> Coach	<input type="checkbox"/> Asst Coach
<input type="checkbox"/> Team Mrg	<input type="checkbox"/> Field Prep
<input type="checkbox"/> Board Mbr	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Clerical	<input type="checkbox"/> Concessions
<input type="checkbox"/> Other (Call me to discuss)	

**Parents Approval and Medical Release**

In consideration for being allowed to participate in any way in 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. Agrees 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 immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledges and fully understands 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 any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assumes all foregoing risk and accepts personal responsibility for damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue US YOUTH SOCCER, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators directors, agents, coaches and other employees of the organization, 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 "releases" 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 releases 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/our knowledge.

NAME OF PARENT(s) and/or LEGAL GUARDIAN(s): (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

NOTARY PUBLIC: Subscribed and sworn to me this the \_\_\_\_\_ Day of \_\_\_\_\_ in the year 20\_\_\_\_

Signature: \_\_\_\_\_

My Commission Expires: \_\_/\_\_/20\_\_\_\_

Notary Stamp:
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<b>OFFICE USE ONLY:</b>	
<input type="checkbox"/> Picture & Birth Certificate Received	
<input type="checkbox"/> Registration Fees	
Received By: _____	
TOTAL: \$ _____	Date: __/__/____
Cash: \$ _____	Check #: _____