

ARIZONA FURY SOCCER CLUB

USYSA MEMBERSHIP FORM



PLAYER INFORMATION:	BIRTHDAY VERIFIED <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> RECREATIONAL <input type="checkbox"/>	FOR OFFICIAL USE ONLY
	AGE GROUP ____ DIV ____ IDENTIFICATION _____	

LAST NAME	DATE OF BIRTH
ADDRESS	CITY, STATE, ZIP
TELEPHONE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> GRADE

FATHER'S INFORMATION:		MOTHER'S INFORMATION:	
FIRST NAME	LAST NAME (IF DIFFERENT)	FIRST NAME	LAST NAME (IF DIFFERENT)
BUSINESS OR CELL PHONE	EMPLOYER	BUSINESS OR CELL PHONE	EMPLOYER

MEDICAL INFORMATION:		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.
EMERGENCY CONTACT	TELEPHONE	
DOCTOR	TELEPHONE	
ANY MEDICAL PROBLEMS		
		PARENT OR GUARDIAN SIGNATURE
		CONTACT NUMBER

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

NAME OF PARENT/GUARDIAN (PLEASE PRINT)	PLAYER NAME (PLEASE PRINT)
SIGNATURE	SIGNATURE
DATE	DATE

OFFICIAL USE ONLY

Registration Fee: \$ _____ Amount Paid: \$ _____ Cashiers Check Check Credit Card

TO CHARGE TO YOUR CREDIT CARD, FILL OUT INFORMATION BELOW.

MC VISA AMEX DISC Card number: _____ Exp: _____

(3% cc charge per transaction)

Signature: _____ Address: _____