



Missouri Youth Soccer Association Membership Form



PLAYERS and COACHES must complete a separate form per team participating with

League Name: _____ League #: _____
 Team Name: _____ Age Group: _____
 Level of Play: Competitive: _____ Secondary: _____ Recreational: _____ Division (Boy or Girl): _____
 (If this is a Secondary Team list name of primary team/league): _____

ID NUMBER _____ (This is state birth certificate number)
 Name must be filled in as it appears on your state birth certificate.
 Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: (____) _____ Birthdate: _____
 E-mail Address: _____ Sex (M/F): _____ Player: _____
 Coach (head/assistant): _____ License Level: _____ License #: _____ License Date: _____
A COPY OF YOUR COACHES LICENSE MUST BE SUMMITTED WITH THIS FORM
 Administrative: _____ Administrative Position Held: _____

Father's Name: _____ Occupation: _____ Bus. Phone: (____) _____

Mother's Name: _____ Occupation: _____ Bus. Phone: (____) _____

List any medical problems or prohibitions player has: _____ **Parent Support**

Emergency Contact Person (other than Parents) Name: _____ Head Coach

Relationship: _____ Phone (H): (____) _____ Phone (W): (____) _____ Assistant Coach

School Attending: _____ Grade: _____ Team Parent

LIABILITY RELEASE

Must be signed by parent or legal guardian of player. Coaches must sign when completing form on self.

I, the parent or legal guardian of the above registered play, a minor, agree that I and the player will abide by the rules of and regulations of the UY Youth Soccer Association, its affiliated organizations, and sponsors ("US Youth Soccer Parties"). In consideration of the player's participation in the soccer Programs and activities of the US Youth Soccer 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 US Youth Soccer 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 US Youth Soccer Parties the right to use the Player's Name, picture and/or likeness in printed, broadcasted and other material concerning the Programs provided such use in related to the player's status as a participant in the Program.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIALS

On File: Copy of State Birth Certificate/Coaches License: _____	Yes _____	No _____
League Fee: \$ _____	Received By: _____	
Missouri Youth Soccer Fee: \$ _____	Date: _____	
Total: \$ _____	Check #: _____	

