



# Kentucky Youth Soccer Membership Form For Southwest Youth Soccer League



National Association of the United States Soccer Federation (USSF)  
Affiliated with the Federation International de (FIFA) Football Association

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone (Area Code) \_\_\_\_\_ Cell Phone (Area Code) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex Male Female Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Are you a new player to SWYSL? Yes No Current Grade \_\_\_\_\_  
 Will your child be entering Kindergarten/3<sup>rd</sup> Grade/6<sup>th</sup> Grade/9<sup>th</sup> Grade in Fall 2010? Yes No  
 If yes and you are a returning player, do you want to play up this season? Yes or No  
 Number of prior seasons \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Last Season \_\_\_\_\_  
 Return to team? Yes No If Yes, Team Name \_\_\_\_\_  
 Jersey Size YS YM YL AS AM AL AXL A2XL Short Size YS YM YL AS AM AL AXL A2XL

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 List any medical problem or prohibition player has \_\_\_\_\_  
 Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

### IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, 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 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. 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Photo/Video Release**  
 I hereby give permission for images of my child, captured during regular and special soccer activities through video, photo and digital camera, to be used solely for the purposes of the Southwest Youth Soccer League promotional activities and website and waive the rights of compensation or ownership there to.  
 Signature of Guardian \_\_\_\_\_

**Volunteer Fee Refund Requirement**  
 Are you be interested in one of the following volunteer roles?  
 If Yes, (Circle as many as you'd like or Circle No)  
 Coach Field Preparation  
 Assistant Coach Board Member  
 Team Parent Special Projects  
 Concession Stand  
 No, I'd like my volunteer fee cashed

**For League Use Only-Division Assignment**  
 Tiny Tots Preps Juniors Seniors High School  
 Team Assignment \_\_\_\_\_

**Registration Fee**  
 Check# \_\_\_\_\_ or Cash  
 Amount \_\_\_\_\_  
 Date \_\_\_\_\_

**Volunteer Fee**  
 Check# \_\_\_\_\_ or Cash  
 Amount \_\_\_\_\_  
 Date \_\_\_\_\_