



RECREATIONAL MEMBERSHIP FORM

SPRING 2010

www.nacsoccer.org 936-622-3811

For League Use Only

Division _____

Soccer Age _____

Last Name:		First Name:			MI:	
Street:		City:		St:	TX	Zip:
Phone#:		DOB: / /		Sex:		Buddy (U6 and below ONLY-MUST turn in together)
Fall '09 Team/Coach:		<input type="checkbox"/> Same Team as Fall '09 <input type="checkbox"/> Re-Draft (\$75) <input type="checkbox"/> Didn't Play Fall '09 <input type="checkbox"/> New to NYSA				
Volunteer: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Sponsor <input type="checkbox"/> Field Prep.					Uniform Size – Please circle YS YM YL AS AM AL AXL	
Father:		Home#:		Work#:		
E-Mail Address:					Cell#:	
Mother:		Home#:		Work#:		
E-Mail Address:					Cell#:	
Emergency Contact:				Phone#:		
Doctor:				Phone#:		
Medical Notes:						

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures 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. **Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 and may do so only with the written permission of the Member Association in which he/she is currently rostered.**

Name: _____
Parent/Legal Guardian (please print)

Signature: X _____ Date: _____

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.

Signature of Parent or Guardian X _____

Address: _____ Apt #: _____

OFFICIAL USE ONLY: ___ Early Registration Returning Player (due by 12/31/09): \$60 DOB Verified? Yes No

___ Returning Player after 12/31/09: \$70 ___ New Player: \$75

Received: \$ _____ Cash: _____ Check #: _____

Received By: _____ Date: _____

REFUND POLICY: NYSA will charge an automatic processing fee of \$25. Refunds should be requested in writing, and will be mailed 30 days after the start of the season.

Mail to:
NYSA
PO Box 632196
Nacogdoches,
TX 75963-2196