



# UNITED STATES YOUTH FUTSAL

Affiliated  
with



League Name \_\_\_\_\_

State \_\_\_\_\_

Application date \_\_\_\_\_

## YOUTH PLAYER REGISTRATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

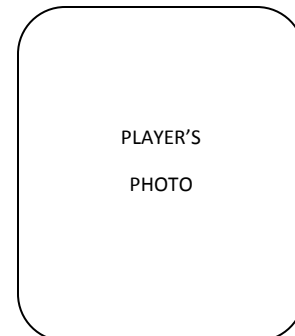
EMAIL \_\_\_\_\_

PLAYER'S SCHOOL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELLPHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELLPHONE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year



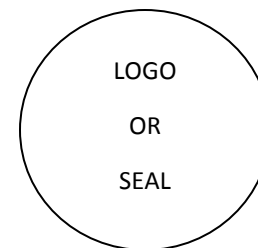
## CLUB INFORMATION

CLUB NAME \_\_\_\_\_

PRESIDENT'S NAME \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year



## OFFICIAL USE

LEAGUE'S NAME : \_\_\_\_\_

PRESIDENT'S NAME : \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year



August 1, 2012 to July 31, 2013(Registration year)



Birth Year/ Month	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992
January	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
February	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
March	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
April	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
May	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
June	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
July	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21
August	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21	U22
September	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21	U22
October	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21	U22
November	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21	U22
December	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18	U19	U20	U21	U22

[www.ffafutsal.com](http://www.ffafutsal.com)



## USYF PLAYER REGISTRATION FORM

Insurance Payment, Medical & Media Waiver



**TO THE TEAM MANAGER - THIS FORM SHOULD ONLY BE USED IF THE PLAYERS OF AND ENTIRE TEAMS DOES NOT HAVE ACCESS TO INTERNET OR CREDIT/DEBIT CARD.** The method that should be used is the standard USYF method of registering players. This is a one- time accommodation to our standard method of registering players. Managers should complete the first five columns of the chart below and have each parent sign on the line next to their child's information. Once form is completed, the manager of the team must retrieve their copy of the Player Registration e-mail received when the player was placed on the team's roster. The manager must click on the link in the e-mail for each of the players and then pay for each player, individually, by credit/debit card. (Sample attached). There is not an option to pay for all the players on the team in one payment nor any other method of payment than credit/debit card.

**Medical Waiver** I, the parent/guardian of the above named Registrant, in consideration of accepting the Registrant for their Futsal programs and activities (collectively the "Programs") and recognizing the risk of potentially significant physical injury occurring by participation in the Programs, including permanent disability or death, for myself and Registrant, do knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for the Registrants participation in the Programs. Further, I, for myself and Registrant, and on behalf of our respective heirs, assigns, personal representatives and next of kin, do hereby release, indemnify and hold harmless United State Youth Futsal, its affiliated organizations and sponsors, and each of their employees, volunteers, agents, other participants, hosts, sponsors, advertisers, and the owners of the premises upon which the Programs are held (collectively, the "Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to Registrants participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize, and whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law. I hereby warrant and represent that the Registrant has received a physical examination by a physician and has been found physically capable of participating in the Programs with no reservations or restrictions. I, for myself and registrant, do hereby consent to have a doctor of medicine or dentistry, a licensed nurse or emergency technician provide Registrant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY

**Media Waiver** I, the parent/guardian of the above named Registrant, in consideration for accepting the Registrant for their Futsal programs and activities (collectively the "Programs") hereby grants United States Youth Futsal to the unrestricted right and permission, free from approval, review or cost, to photograph, record or otherwise capture the Registrants likeness in all media, now or hereafter known, including, but not limited to pictures and video, to copyright the same in its own name, and which may be included in whole or in part for any commercial or promotional use of at its discretion.

**To The Parent/Guardian -\*By authorizing the form, you agree to the waivers and grant permission to allow the manager of the team to complete the electronic USYF player registration. Your team/association is paying for this registration on your behalf. The team/association is either paying for the player registration or will collect it from you at a later date. Your manager will inform you. Players who are not registered will not be allowed to participate in the USFY event.**

	Player last name	Player first name	Player DOB	Parent last name	Parent first name	Parent / Guardian signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Team Name \_\_\_\_\_ Team Age Bracket, U-\_\_\_\_\_ Team Manager Name \_\_\_\_\_

Team Manager Email \_\_\_\_\_ Team Manager Phone Number \_\_\_\_\_

**For assistance call Luis Orellana: 239-200-5333**

***Sample Player Registration e-mail received by parent/guardian and copied to team manager***

Dear Jaime Moreno

**You or your son/daughter was recently registered by your team manager Dennys Mancari to play futsal in an upcoming United States Youth Futsal event Naples Futsal Winter League 2012-13.**

**To be eligible to play, players must be registered with USYF. To complete registration click on the link below to sign and submit releases, pay the USYF player registration fee. Payments can be made only by credit card or debit card.**

**<https://register.htgsports.net/release/index/6737b8bc-219f-475a-b434-486617957f24>**

**If you are still having problems accessing this link please contact your local league director**



# UNITED STATES YOUTH FUTSAL

Affiliated  
with



League Name \_\_\_\_\_

State \_\_\_\_\_

Application date \_\_\_\_\_

## YOUTH CLUB REGISTRATION

TEAM NAME \_\_\_\_\_

CLUB NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FOUNDED \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

PRESIDENT NAME \_\_\_\_\_

CELLPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SECRETARY'S NAME \_\_\_\_\_

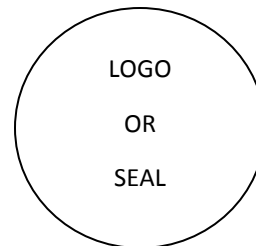
CELLPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TEAM'S MANAGER NAME \_\_\_\_\_

CELLPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Comments and Suggestions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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