



UNITED STATES FUTSAL

FUTSAL

STATE	LEAGUE	TEAM
APPLICATION DATE		
PLAYER REGISTRATION #		

YOUTH PLAYER REGISTRATION

CURRENT USYSA/AYSO REGISTRATION # _____ NONE

(please print firmly and legibly to make clear multiple copies)

LAST NAME FIRST NAME MI SEX

ADDRESS CITY

STATE ZIP CODE TELEPHONE BIRTHDATE
month day year

FATHER'S NAME WORK PHONE

MOTHER'S NAME WORK PHONE

FATHER'S OCCUPATION MOTHER'S OCCUPATION

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS

DOCTOR TO NOTIFY IN EMERGENCY PHONE

PERSON TO NOTIFY IN EMERGENCY PHONE

SHIRT SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L SHORTS SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L

FUTSAL (INDOOR SOCCER) EXPERIENCE: YES NO NUMBER OF SEASONS PLAYED

OUTDOOR SOCCER EXPERIENCE: YES NO NUMBER OF SEASONS PLAYED

WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP (COACH)

(ASS'T COACH)
 (BOARD MEMBER)
 (REFEREE)
 (PUBLICITY)
 (TEAM PARENT)
 (FUND RAISING)
 (TELEPHONE)
 (EQUIPMENT)
 (SCOREKEEPER)
 (OTHER)

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

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums 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

Signature of Parent or Legal Guardian

Address

Name

Parent/Legal Guardian (please print)

City Zip

Signature Date

BIRTH DATE VERIFIED YES NO REGISTRATION FEE \$

COMMENT AMOUNT PAID \$

VERIFIED BY CASH CHECK #