



# Kansas Youth Soccer Association

## Membership Registration & Medical Release Form

NEW REGISTRATION \_\_\_\_\_

RETURNING  
REGISTRATION \_\_\_\_\_

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Email for contact: \_\_\_\_\_ @ \_\_\_\_\_

Male Age Group: U4 U5 U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Female Previous Club: \_\_\_\_\_ Previous Team: \_\_\_\_\_

# Seasons Played: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please Circle) Uniform Size: YS YM YL YXL AS AM AL AXL (Please Circle) Player is: Recreational Competitive

Are there any medical issues which the club/coach should be aware of: Yes No (if "Yes" please explain)

Please list any medications taken on a regular basis:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

### Someone (other than parent) to notify in case of an emergency:

Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to player: \_\_\_\_\_

Doctors Name and Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Parent Can Help with:

Coach  Asst Coach

Team Mrg  Field Prep

Board Mbr  Fund Raising

Clerical  Concessions

Other (Call me to discuss)

### Parents Approval and Medical Release

In consideration for being allowed to participate in any way in USSF sanctioned play, including play sanctioned by the US Youth Soccer Association and the Kansas State Youth Soccer Association, as a player in games, training activities and exercises and related events and activities the undersigned:

1. Agrees that the parent(s) and/or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used and if they or the participant believe anything is unsafe immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assumes all foregoing risk and accepts personal responsibility for damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue US YOUTH SOCCER, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated clubs, their respective administrators directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. 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/WE have read the above waiver and release, understand that we have given up substantial rights by signing it and sign it voluntarily. The information above and medical history supplied is correct to the best of my/our knowledge.

NAME OF PARENT(s) and/or LEGAL GUARDIAN(s): (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

NOTARY PUBLIC: Subscribed and sworn to me this the \_\_\_\_\_ Day of \_\_\_\_\_ in the year 20\_\_\_\_

Signature: \_\_\_\_\_

Notary Stamp:

My Commission Expires: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### OFFICE USE ONLY:

Picture & Birth Certificate Received

Registration Fees

Received By: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_