US YOUTH MEMBERSHIP FORM

OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC. - PLAYERS

ID # [ ]

Male = M
Female = F
[ ]

Coach's License Level
[ ]

FOR LEAGUE USE ONLY

TRANSFER	NEW	RE-REGISTRATION	CHANGE/CORRECTION
[ ]	[ ]	[ ]	[ ]

United States Youth Soccer Association
Member of the United States Soccer Federation (USSF)
Affiliated with the Federation Internationale de Football Association (FIFA)

This section must be completed by the team coach

League Name: Ohio South State League _____ Age Group _____

Club/Team Name: _____

(USE CODE ONLY)>

02	OHS		01			C
Region	State	District	League	Club	Team	Recreational = R Competitive = C

Last Name _____ First Name _____ Init. _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Birth Date _____ Mo. Day Year

SPECIAL NOTE TO ALL PLAYERS THAT PLAYED HIGH SCHOOL SOCCER LAST FALL

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION RULES LIMIT OSYSA TEAMS TO NO MORE THAN FIVE (5) WHO PLAYED HIGH SCHOOL SOCCER AT THE SAME HIGH SCHOOL LAST FALL (VARSITY, JV, FRESHMAN) FROM BEING ON THE SAME OSYSA TEAM PRIOR TO JUNE 1.

Father's Name _____ Occupation _____ Bus. Phone

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Telephone

Doctor to notify in emergency _____ Telephone _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Denistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of the Parent/Guardian

X _____

Address _____

City _____ State _____ Zip

Phone: Home _____ Bus. _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury association 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 facilities used 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.

Name _____

Signature X _____ Date _____

I have received the Ohio Department of Health Concussion Information Sheet for Youth Sport

Signature of Parent / Guardian: _____ Date: _____