



Santa Fe Soccer

Individual Membership Form

Please PRINT Firmly and Legibly. (One form per player – IN DUPLICATE)

I request* to have my child placed on Coach _____'s Team. (Team Name: _____)
 * Due to many variables, not all Team or Coach requests may be granted. Santa Fe reserves the right to place the player on any Team

Use Birth Certificate Names Only			
Last	First	Middle	Player's Nickname
Mailing Address			
Street / Box No.		City	Zip
() Home Phone		() Work Phone	
() Mobile or Alternative Phone Number		Email Address	
Date of Birth	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female
Month	Day	Year	Verified By
School Being Attended This Season			Grade Level

Father's Name _____	Occupation _____	Contact No. () _____
Mother's Name _____	Occupation _____	Contact No. () _____
List any medical problem or prohibition player has _____		
Person to notify in an emergency _____	Contact No. () _____	
Doctor to notify in an emergency _____	Contact No. () _____	
Number prior seasons played _____	Last Team _____	Last League _____
Height _____	Weight _____	Date of Last Season _____ 20__

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields 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.

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 life, limb, or well-being of my dependant.

Name _____ Signature _____ Date _____

PLEASE PRINT NAME

<input type="checkbox"/> I would like to Coach. Name: _____ <input type="checkbox"/> I have coached Soccer. <input type="checkbox"/> I would like to help with Clinics. <input type="checkbox"/> Coach License Level _____ <input type="checkbox"/> Coach License Issued _____ <input type="checkbox"/> Coach License Expires _____	We need your active participation and can always use help in the following areas: <ul style="list-style-type: none"> • Team Parent • Special Projects • Field Preparation • Board Member • Fund Raising 	I would like to help Santa Fe grow by helping in the following manner: _____
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Visit our website at www.santafesoccer.org