



# Utah Youth Soccer Association Participant Registration Form



PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.

## PARENT/ GUARDIAN INFORMATION

Name of the Parent/Guardian 1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Player Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Gender \_\_\_\_\_

Name of the Parent/Guardian 2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ Gender \_\_\_\_\_

## PLAYER INFORMATION

Player's Name (First/ MI /Last) \_\_\_\_\_ Gender \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Elementary School \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_ Sock Size \_\_\_\_\_

Emergency Contact (Other than Parent) \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

Doctor to Notify in an Emergency \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

List Medical Problem/Prohibition Player Has \_\_\_\_\_

## I WOULD LIKE TO HELP BY VOLUNTEERING

Coach  Assistant Coach  Team Manager  Team Parent  Special Project  Fund Raising  Field Preparation  Referee

## CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named registrant, I hereby give my 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 deemed necessary to preserve the life, limb, or well-being of the registrant.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PARTICIPATION RISK STATEMENT

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## ADMINISTRATIVE USE ONLY

Competition  Recreation League / Club Name \_\_\_\_\_ District Number \_\_\_\_\_

League/Club Number \_\_\_\_\_ Team Number \_\_\_\_\_ Age-Group \_\_\_\_\_ Birth Certificate Verified

New Player  Returning Player If Returning Player, UYSA ID Number \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  CASH or CHECK # \_\_\_\_\_



THE GOVERNING BODY FOR AMATEUR YOUTH SOCCER IN UTAH  
Utah Youth Soccer is the only Utah provider of youth soccer approved by both the United States Youth Soccer Association (USYSA) and the United States Soccer Federation (USSF)

