



Missouri Youth Soccer Association

MEMBERSHIP FORM

PLAYERS and COACHES must complete a separate form per team participating with



LEAGUE NAME: _____ **League #** _____

Team Name: _____ **Age Group:** _____

Level of Play: Competitive ____ Secondary ____ Recreational ____ **Division (Boy or Girl):** _____
(If this is Secondary Team list name of primary team/league) _____

ID NUMBER	(This is State Birth Certificate Number)
<i>Name must be filled in as it appears on your state birth certificate</i>	
Last name _____ First Name _____ MI _____	
Address _____ City _____	
State ____ Zip Code _____ Phone (____) _____ Birthdate _____	
E-mail Address: _____ Sex (M/F) ____ Player ____	
Coach (Head/Assistant) ____ License Level ____ License # _____ License Date _____	
<i>A Copy of Your Coaches License Must be submitted with this form</i>	
Administrative Position Held (check one that applies): ____ Team Manager ____ Trainer	

Father's Name _____ Occupation _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Emergency Contact Person (other than parents) Name _____

Relationship _____ Phone (H) _____ Phone (W) _____

- School Attending _____ Grade _____
- Have you ever lived in a foreign country? _____ If yes, when did you enter/re-enter the United States? _____

(Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to USSoccer before player can be rostered to team.)

PARENT SUPPORT

- ____ Head Coach
- ____ Assistant Coach
- ____ Team Parent

LIABILITY RELEASE

MUST be signed by parent or legal guardian of player. Coaches must sign when completing form on self.

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE _____ DATE _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIAL

ON FILE: Copy of State Birth Certificate/Coaches License ____ Yes ____ No

LEAGUE FEE: \$ _____ RECEIVED BY: _____

MYSA FEE: \$ _____ DATE: _____

TOTAL: \$ _____ CHECK # _____