INDIVIDUAL MEMBERSHIP FORM

PASO DEL NORTE SOCCER ASSOCIATION

TEAM

Team Name_____ Division 1___ 3___ S2___ 4___ 2___ Under_____ Boys_____ Girls_____

FAMILY INFORMATION

HOW MANY CHILDREN CURRENTLY PLAYING WITH PDN? ____

Did player participate last season? Yes ____ No____

Please check one: Father ☐ Mother ☐ Guardian ☐

First Middle Last

Mailing address Street City State Zip

Home Phone Work Phone Cell Phone

Email Address

Coach ☐ Asst.-Coach ☐ Other?_____

Team role if any_____

Other Family Member ***Please check one:*** Father ☐ Mother ☐ Guardian ☐

First Middle Last

Mailing address - if different Street City State Zip

Home Phone Work Phone Cell Phone

Email Address

Coach ☐ Asst.-Coach ☐ Other?_____

Team role if any_____

PLAYER

Player - First Name Middle Last

___/___/___/_____ Male ☐ Female ☐

Date of Birth Verified by

School Name Grade

Person to contact in case of emergency Phone

Doctor to notify in case of emergency Phone

MUST SIGN BOTH

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 personal. 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.

Name_____
Parent / Legal Guardian (please print)

Signature X_____ Date_____

CONSENT / RELEASE 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.

Signature of Parent or Guardian

X_____

Address_____

City_____ State_____ Zip_____

Spring Season

OFFICIAL USE ONLY Picture Received ☐ Yes ☐ No
Birthdate Verified ☐ Yes ☐ No

Registration Fees:

Player Fee.....$_____

Coach's Fee .....$_____ _____ Received By

Other .....$_____ _____ Date

Fall Season

OFFICIAL USE ONLY Picture Received ☐ Yes ☐ No
Birthdate Verified ☐ Yes ☐ No

Registration Fees:

Player Fee.....$_____

Coach's Fee .....$_____ _____ Received By

Other .....$_____ _____ Date