



Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)
 Montana Youth Soccer
 ..
 406-883-5209

I.D.# _____

Registration

FORM REVISED: JULY 11, 2005

REGION IV	STATE MT	DISTRICT CODE	LEAGUE CODE	CLUB CODE	AGE GROUP U-	BOYS=B GIRLS=G	COMP=C REC=R
LEAGUE NAME _____							
CLUB NAME _____							
TEAM NAME _____							
<input type="checkbox"/> NEW		<input type="checkbox"/> RETURN		<input type="checkbox"/> SECOND ROSTER		TRANSFERS: <input type="checkbox"/> PREVIOUSLY ROSTERED <input type="checkbox"/> INTER-STATE <input type="checkbox"/> INTER-NATIONAL	

Name as it appears on the Birth Record:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ AREA CODE & TELEPHONE _____ MALE=M _____ BIRTH DATE _____
 FEMALE=F _____

PLAYER=P _____ COACH LICENSE _____ E-MAIL ADDRESS _____

FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____
 MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

LIST ANY MEDICAL CONDITION OR PROHIBITION FROM PLAYING _____

PERSON TO NOTIFY IN AN EMERGENCY _____ PHONE _____

PHYSICIAN TO NOTIFY IN AN EMERGENCY _____ PHONE _____

NUMBER OF PRIOR SEASONS PLAYED _____ LAST TEAM _____

DATE OF LAST SEASON _____ LAST LEAGUE _____

HEIGHT _____ WEIGHT _____ SCHOOL _____ GRADE _____

UNIFORMS			OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN THIS LEAGUE			PLAYER FEE		RCVD BY	
YOUTH			ADULT			NAME	AGE	PLAYER FEE	RCVD BY
JERSEY	XS	S	M	L	XL	NAME	AGE	COACH FEE	DATE
SHORTS	XS	S	M	L	XL	NAME	AGE	OTHER	CHECK NO.
SOCKS	XS	S	M	L	XL	NAME	AGE		

Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, its affiliated organizations, and its sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US Youth Soccer Parties (the Programs), I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify US Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, 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 US Youth Soccer 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 Programs.

SIGNATURE OF PLAYER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Parent Support

PLEASE MARK VOLUNTEER OPTIONS

- | | |
|--|---|
| <input type="checkbox"/> COACH | <input type="checkbox"/> REGISTRATION |
| <input type="checkbox"/> ASSISTANT COACH | <input type="checkbox"/> CLERICAL |
| <input type="checkbox"/> TEAM MANAGER | <input type="checkbox"/> TELEPHONE DUTIES |
| <input type="checkbox"/> EQUIPMENT MANAGER | <input type="checkbox"/> REPORTER |
| <input type="checkbox"/> REFEREE | <input type="checkbox"/> PUBLICITY |
| <input type="checkbox"/> FIELD MARSHALL | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> FIELD PREPARATION | <input type="checkbox"/> FUND RAISING |
| <input type="checkbox"/> CONCESSIONS | <input type="checkbox"/> BOARD MEMBER |
| <input type="checkbox"/> TOURNAMENT DUTIES | <input type="checkbox"/> SPONSOR |

OTHER AREAS OF EXPERTISE _____

CONSENT for MEDICAL TREATMENT

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/GUARDIAN

DATE

INSURANCE COMPANY

NAME OF INSURED

POLICY NUMBER(S)

NOTARY