


<b>HAWAII YOUTH SOCCER ASSOCIATION</b> Member of U.S. Youth Soccer and the United States Soccer Federation	<h1 style="margin: 0;">Membership Form</h1>	<b>FOR LEAGUE USE ONLY</b> <input type="checkbox"/> TRANSFER <input type="checkbox"/> NEW <input type="checkbox"/> REREGISTRATION <input type="checkbox"/> CHANGE/ CORRECTION
	League Name _____ Age Group _____ Div. _____ Club/Team Names (s) _____ (USE CODE → ONLY) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Region</span> <span>State</span> <span>District</span> <span>League</span> <span>Club</span> <span>Team</span> <span>Recreational = R Competitive = C</span> </div>	
I.D.# _____		

Last Name _____ First Name _____ Init. _____ Address _____ City _____ State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month _____ Day _____ Year _____ Male = M      Player = P      Coach's License Level Fem = F      Coach = C	
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Father's Name _____	Occupation _____ <small>Optional</small>	Bus. Phone _____
Mother's Name _____	Occupation _____ <small>Optional</small>	Bus. Phone _____
List any medical problem or prohibition player has _____		
Person to notify in emergency _____	Telephone _____	
Doctor to notify in emergency _____	Telephone _____	
Number prior seasons played _____	Last Team _____	Last League _____
Height _____	Weight _____	School _____
Grade _____	Age _____	Other Children From Family Presently In League _____
Age _____	Age _____	Email Address _____
Age _____		

<h3 style="text-align: center; margin: 0;">IMPORTANT</h3> <p style="font-size: x-small; margin: 0;">I, the parents/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its 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 Programs.</p>	<h3 style="text-align: center; margin: 0;">PARENTAL SUPPORT</h3> <p style="font-size: x-small; margin: 0;">We ask for active participation of all parents in our program. Check areas(s) in which you would be willing to help.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Coach  <input type="checkbox"/> Asst. Coach  <input type="checkbox"/> Team Manager  <input type="checkbox"/> Team Parent  <input type="checkbox"/> Special Projects  <input type="checkbox"/> Field Preparation  <input type="checkbox"/> Board Member  <input type="checkbox"/> Publicity         </div> <div style="width: 50%;"> <input type="checkbox"/> Committee  <input type="checkbox"/> Referee  <input type="checkbox"/> Fund Raising  <input type="checkbox"/> Clerical  <input type="checkbox"/> Reporter  <input type="checkbox"/> Newsletter  <input type="checkbox"/> Concessions  <input type="checkbox"/> Donor         </div> </div> <p>Other _____</p>
Name: _____ <small style="margin-left: 40px;">Print Name of Parent/Guardian</small>	Player: _____ <small style="margin-left: 40px;">Print Name</small>
Signature: _____	Signature: _____
Date: _____	Date: _____

<h3 style="margin: 0;">CONSENT FOR MEDICAL TREATMENT (MINOR)</h3> <p style="font-size: x-small; margin: 0;">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.</p>	<h3 style="margin: 0;">OFFICIAL USE ONLY</h3> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Picture Received <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span>Birthdate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No</span> </div>
Signature of Parent or Guardian  <b>X</b> _____ Address _____ City _____ State _____ Zip _____ Phone: Home _____ Bus. _____	<b>Registration Fees:</b> Player Fee ..... \$ _____ Coach's Fee ..... \$ _____ Other ..... \$ _____  TOTAL \$ _____  Cash \$ _____ Check No. \$ _____
	Received By _____ Date _____