

SoccerMaine
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Player Membership Form

Club Coastal Soccer Club Group U - Div Boys Girls
 Name _____
 Team _____
 Name _____

(Use Code) 01 05 04 01 North 004
 Region State District 02 South Club Rec/Comp
 03 Metro 04 Central

I.D.# _____ - _____ - _____

Last Name _____ First Name _____ Init _____ M _____ F _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Telephone _____ - _____ - _____ Birthdate mo _____ day _____ year _____

Father's Name _____ Occupation (optional) _____ Bus Phone _____
 Mother's Name _____ Occupation (optional) _____ Bus Phone _____

List any medical problem or prohibition player has _____
 Person to notify in emergency _____ Telephone _____
 Doctor to notify in emergency _____ Telephone _____
 Height _____ Weight _____ School _____ Grade _____

Other Children from family playing in club
 _____ Age _____
 _____ Age _____

Parental Support

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach Referee Board Member
- Asst. Coach Publicity Fund Raising
- Team Manager Donor Field Prep
- Special Projects Concessions Newsletter
- Committee Member _____
- Other: _____



Important

I, the parent/guardian of the below-named player, a minor, agree that the player and I 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 league programs and activities of the USYSA Parties (the "Program"), 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.

As the parent or legal guardian of the below-named player, I hereby give **consent for emergency 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.

Recognizing that adults are role models for all of our players, I/we **pledge not to smoke or to use tobacco** in proximity to any fields being used for youth soccer activities.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Name

Signature: X _____ Signature: _____
 Date: _____ Date: _____

Address: _____ Phone: _____
Home

City _____ State _____ Zip _____ Bus _____

Official Use Only

Picture received yes no
 Birthdate verified yes no

Player Fee \$ _____ Received by _____
 Check No. _____ + _____
 Date _____