

**SoccerMaine**  
 Melissa Mullison, Registrar  
 P.O. Box 278  
 Cumberland, ME 04021  
[www.soccermaine.com](http://www.soccermaine.com)

Club Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div \_\_\_\_\_  
 Team Name \_\_\_\_\_

(Use Code Only) 01 05 \_\_\_\_\_ I.D.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Region State District 02 South \_\_\_\_\_ Club Rec/Comp  
 03 Metro 04 Central

## Player Membership Form

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 \_\_\_\_\_

