

MYSA/USYSA Membership Form

Oxford Youth Soccer Registration Form

League Use

Check # _____

Amount _____

BC Code _____

Init _____

Last Name First Mid
Street City State
Zip Phone: DOB: Gender: (M/F)

Have you played in Oxford before (Circle one) **Yes**Will you play for more than one team this fall? (Circle one) **Yes / No** Do you play High School Soccer? (Circle one) **F / JV / V**

Uniform Size: Only if 8 years old or older on Aug 1, 2008. Choose size carefully, Woman's and men's sizes are different. Ex. a woman's M is smaller than a Men's M. The size you order is the size you'll receive. Uniform needs to fit through the spring of 2010 season. If you select the wrong size you will need to purchase the replacement. To avoid numbering conflicts players may not swap shirts.

(Choices are ,WYS, WYM, WYL, WS, WM, WL, WXL,Shirt Shorts **MYS, MYM, MYL, MS, MM, ML, MXL)**Father's Name: Work Phone Occupation Cell Phone Mother's Name: Work Phone Occupation Cell Phone Emergency Contact: Emergency Phone Doctor: Doctor Phone Medical Problems Mailing List **Yes / No** Email Address

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's 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 "Program"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the 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. I also understand that \$15 of my registration, plus expenses already paid by the OYSA is non-refundable.

Name: _____ Signature: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As Parent or legal guardian of the above-named player, I hereby give my 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 life, limb, or well-being of my dependent.

Signature: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone #: _____ Business Phone #: _____