



**TRYOUT
JERSEY**

Membership Form

PLAYER	Age Group: U _____ Coaches Name: _____
	Last Name: _____ First Name: _____ Init: _____
	Address: _____ City: _____
	State: _____ Zip: _____ Birthdate (Month/Day/Year): _____/_____/_____
	Gender: M or F Player/Coach: P or C Coach's License Level: _____
	Home Telephone: _____ Other Telephone: _____
	Email Address: _____

PARENT	Father's Name: _____ Occupation: _____ Bus. Phone: _____
	Mother's Name: _____ Occupation: _____ Bus. Phone: _____
	List any medical problem or prohibition player has _____
	Person to notify in emergency: _____ Telephone: _____
	Doctor to notify in emergency: _____ Telephone: _____

MEDICAL	<p>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 the USYSA, its affiliated organizations, its sponsors (USYSA Parties), and Northern Colorado Soccer Club. 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 owner 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 materials concerning the Programs provided such use is related to the player's status as a participant in the Programs.</p> <p>CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well-being of my dependent.</p>
	Signature of Parent or Guardian X _____