

GYSA

P.O. Box 526

Gorham, Maine 04038

Gorhamsoccer@hotmail.com

www.gorhamyouthsoccer.com

Club Name _____ Age Group _____ Div _____

Team Name _____

ID# _____ - _____ - _____

Player Membership Form

01 **05** **03**
region state district

Club _____ Rec/Comp _____

Last Name _____		First Name _____		Init _____	
M ___ F ___	Birthdate mo ___ day ___ year ___		Shirt size(circle): YS YM YL YXL AS AM AL		
Address _____		City _____		State _____ Zip _____	
Email _____		Telephone _____ - _____ - _____			
Email _____		Telephone _____ - _____ - _____			

Mother's Name _____ Occupation (optional) _____ Work Phone _____

Father's Name _____ Occupation (optional) _____ Work 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. **Two Hours** a season of Volunteer work is expected.

- | | |
|----------------------|---------------------|
| ___ Coach | ___ Referee |
| ___ Asst. Coach | ___ Publicity |
| ___ Field Prep | ___ Special Project |
| ___ Concessions | ___ Fund Raising |
| ___ Board Member | ___ Donor |
| ___ Newsletter | ___ Team Manager |
| ___ 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: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Address _____ City: _____

State: _____ Zip: _____

Phone number

Home: _____ Work: _____

Official Use Only	
Picture received	___ yes ___ no
Birthdate verified	___ yes ___ no
Player Fee \$	_____
Received by	_____
Check No.	_____
Date	_____