

Union County Youth Soccer Association
P.O. Box 3083 La Grande, OR 97850

REGISTRATION & MEMBERSHIP FORM 2010

LAST Name: _____ FIRST Name: _____ MI: _____

Mailing Address: _____ Home Address: _____

Telephone: () _____ Birth Date: _____
Male/Female: (Circle) _____ Month Day Year

Medical Problems or Prohibitions: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____

Person to notify in emergency: _____ Telephone: _____
Doctor to notify in emergency: _____ Telephone: _____

School: _____ Grade (Fall 2010): _____ Age (August 1st): _____ Years Played: _____

Special Requests: (UCYSA does not guarantee any special request will be granted)

IMPORTANT: I, the parent, guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the UCYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the UCYSA accepting the registrant for its soccer programs and activities (the "Programs,"), I hereby release, discharge, and/or otherwise indemnify the owners of fields and facilities utilized for the Programs, against any claim by or on 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.

Name: _____ (Parent/Legal Guardian — Please Print)

Signature: _____ **Date:** _____

PLEASE SIGN AUTHORIZATION

The undersigned parent or guardian of _____ does hereby authorize adults designated by the UCYSA to transport as needed the above named minor for UCYSA activities and emergency treatment by professional medical persons.

Signature: _____ **Date:** _____

Do you have accidental insurance covering your child? _____
(Your child will be covered by UCYSA insurance while playing, but it will act as secondary insurance if you have other coverage. If you do not have other coverage, you will be responsible for the deductible amount of \$500.00)

PARENTAL SUPPORT

Aactive participation from parents is vital to our program. Please check areas in which you would be willing to help:

<input type="checkbox"/> Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Sponsor
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Board Member	<input type="checkbox"/> Team Manager	

FOR OFFICIAL USE ONLY

REGISTRATION FEE: \$35 / \$45 (Circle One) Currently registered in Select Soccer? YES/NO (Circle One)

Received By: _____ Date: _____ Check #: _____ Amount Paid: _____