

# Missouri Youth Soccer Association

## MEMBERSHIP FORM

You must complete a separate form per team participating with

TEAM NAME \_\_\_\_\_ AGE/DIV \_\_\_\_\_

\_\_\_\_\_ Traveling Team \_\_\_\_\_ Years of experience \_\_\_\_\_

If this is Secondary team dual roster form must be submitted with this paperwork and list name of the primary team \_\_\_\_\_  
Enter data for player/coach/administrator below. Name must be filled in as it appears on the player's state birth certificate.

ID # \_\_\_\_\_ \*\*

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Birth date Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email address \_\_\_\_\_

\*\*ID# for players is the number on their state birth certificate. All players must submit a copy of their state birth certificate.

ID# for coaches is their coaches license number. All coaches will be required to submit the copy of their coaches license and a copy of the confirmation page of the kidsafe disclosure statement.

All team managers must submit a copy of the confirmation page of the kidsafe disclosure statement. This form must be done online at [mysa.org](http://mysa.org).

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_ PARENT SUPPORT

Emergency Contact Person (other than parents) Name \_\_\_\_\_ Head Coach

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Assistant Coach

• School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Team Parent

• Have you ever lived in a foreign country? \_\_\_\_\_ If yes, when did you enter/re-enter the United States? \_\_\_\_\_

(Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to US Soccer before player can be rostered to a team.)

### LIABILITY RELEASE

*MUST be signed by parent or legal guardian of player. Coaches must sign when completing form on self.*

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). 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 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 future 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 Program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Uniform Size: Please circle - YXS YS YM YL AS AM AL AXL AXXL

Make checks payable to Clinton Fire.

Mail form along with check to – CSA c/o Amanda Cothorn 829 W. Division Rd, Clinton, MO 64735



# Missouri Youth Soccer Association

## Emergency Medical Release & Liability Waiver



Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

***In case of emergency when parent/guardian cannot be reached, please contact the following:***

Name: \_\_\_\_\_ Phone Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***This authorization for emergency medical treatment must be completed before a player begins participation.***

***Treatment for injury will be based on information provided herein.***

*I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Missouri Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as release form all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_