



# NEW MEXICO YOUTH SOCCER ASSOCIATION

# Membership Form



NEW MEXICO  
YOUTH SOCCER  
Affiliated with USSF  
and US Youth Soccer

OFFICIAL USE ONLY     NEW     RE-REGISTRATION     FULL YEAR     SINGLE SEASON

League / Club / Team Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div \_\_\_\_\_

(USE CODE ONLY)    4    10    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Region    State    District    League    Club    Team

R = Recreational  
C = Competitive  
CL = Classic  
A = Academy / Other

Paid: Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ PIC \_\_\_\_\_ POA \_\_\_\_\_

I.D. # \_\_\_\_\_

Check here for change of name, address or phone.

Check here if player is assigned to a team older than his/her normal age and complete playing-up consent form.

Check here if this is a "secondary" player registration and complete consent form.

Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_ Player MI: \_\_\_\_\_ Sex:       or      

Last Team: \_\_\_\_\_ Last League/Club: \_\_\_\_\_ Last Coach: \_\_\_\_\_ Player Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's birth month / day: \_\_\_\_/\_\_\_\_ (needed for unique player ID number)

Uniform size (if applicable) (circle) Jersey: YS YM YL YXL AS AM AL AXL Shorts: YS YM YL YXL AS AM AL AXL

**Primary Guardian:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Secondary Guardian:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_

### PARENT / GUARDIAN APPROVAL

WARNING: Signature on this form binds the player to his/her team for the entire seasonal year. Transfer procedures will be strictly adhered to as defined by League, NMYSA, USSF, and US Youth Soccer rules and regulations. Youth players may play Amateur Adult level soccer after obtaining appropriate advice and waiver under US Youth Soccer rule 208.

Parent/Guardian name (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL RELEASE

List any medical problem or prohibition player has: \_\_\_\_\_ Allergies: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ ID #: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, it's affiliates 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.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Name of Parent/Guardian (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_