



Arizona Soccer Association Membership Form

League Name: _____ Age Group U- _____ Division: _____
Club & Team: _____
Recreational = R
Competitive = C

Last Name: _____ First Name: _____ Middle: _____
Email: _____
Address: _____ City: _____ State: AZ ZIP: _____
Date of Birth ____ / ____ / ____ (circle one): Male, Female

Father's First & Last Name: _____
Occupation: _____ Best number to contact ____ / ____ / ____
Mother's First & Last Name: _____
Occupation: _____ Best number to contact ____ / ____ / ____
Legal Guardian First & Last Name: _____
Occupation: _____ Best number to contact ____ / ____ / ____
List any medical problems or prohibition of player: _____
Person to notify in emergency: _____ Phone Number ____ / ____ / ____
Doctor to notify in emergency: _____ Phone Number ____ / ____ / ____

**This form may be reproduced; however, the information in the "IMPORTANT" section must be included.*



IMPORTANT

Players who transfer from one club to another club after November 1st will be ineligible for participation with the new club team in both Arizona Presidents Cup and State Cup for that seasonal year. A transfer is defined as the process by which a player changes club affiliation, moving from one club and re-registering to a team within a different club within the same seasonal year.

I, the parent/guardian of the below-named player, a minor, agree that I and the player 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 programs and activities of the USYSA Parties ("the programs"), I, for myself and the player and our respective heirs, administrator 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 caused 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.

Parent/Legal Guardian Print First & Last Name: _____

Signature: _____ Date: ___ / ___ / _____

Print Player First & Last Name: _____

Signature: _____ Date: ___ / ___ / _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, nurses and other medical providers, duly licensed by the appropriate licensing entity, to perform any diagnostic, treatment, or operative procedures deemed medically necessary to preserve the life, limb, or well-being of the above-named player. Further, and ONLY for the specific medical needs stated above, I authorize and request in my absence that the coach, ASA office staff, or other agent(s) of the Arizona Soccer Association provide transport for the above-named player as required to and from the ASA sponsored activities, including but not limited to both athletic and social events. I have not been given a guarantee as to the results of examination or treatment. I also authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature: _____

Address: _____

City: _____ State: ___ ZIP: _____

Phone (cell): ___ / ___ / _____ Phone (home) ___ / ___ / _____