



Utah Youth Soccer Association Participant Registration Form

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.



PLAYER INFORMATION

Player's Name (First/ MI /Last) _____ Gender _____ DOB (MM/DD/YYYY) ____/____/____

Elementary School _____ Grade _____ Shirt Size _____ Short Size _____ Sock Size _____

Emergency Contact (Other than Parent) _____ Telephone(____) _____

Doctor to Notify in an Emergency _____ Telephone(____) _____

List Medical Problem/Prohibition Player Has _____

PARENT/ GUARDIAN INFORMATION

Name of the Parent/Guardian 1 _____ Relationship to Child _____

Mailing Address _____ City _____ Zip _____

Player Physical Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address: _____ @ _____ Gender _____

Name of the Parent/Guardian 2 _____ Relationship to Child _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address: _____ @ _____ Gender _____

I WOULD LIKE TO HELP BY VOLUNTEERING

Coach Assistant Coach Referee KICKS needs volunteers! Your child may not play if we do not have enough coaches. No experience necessary - we provide coach training! Show your community support by volunteering or by coaching our young athletes.

Team Parent Fund Raising Name _____ Phone _____ Email: _____

Coach Preference _____ Player Preference _____

Did you play soccer last Fall? Yes _____ No _____ If so, What Organization? _____

CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb, or well-being of the registrant.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARTICIPATION RISK STATEMENT

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Recreation Age-Group _____ Birth Certificate Verified New Player Need Uniform

Registration Fees: \$ _____ Sibling Discount _____ Coach Discount _____

Total: \$ _____ CASH CHECK # _____ Date Received: _____

Received by: _____



THE GOVERNING BODY FOR AMATEUR YOUTH SOCCER IN UTAH
Utah Youth Soccer is the only Utah provider of youth soccer approved by both the United States Youth Soccer Association (USYSA) and the United States Soccer Federation (USSF)

