

MEMBERSHIP FORM



SAN ANGELO SOCCER ASSOCIATION
 1501 GLENNA DR. • SAN ANGELO, TEXAS 76903
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Youth Division of U.S. Soccer
 Affiliated with the Federation International de Football Association (FIFA)

- FOR LEAGUE USE ONLY**
- TRANSFER
 - NEW
 - PRE-REGISTRATION
 - CHANGE/CORRECTION

SASA I.D. # _____ Age Group _____ Div _____

Last Name _____ First Name _____ Init. _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____

Month _____ Day _____ Year _____ Birthday _____ Male=M Female = F

Father's name _____ Employer _____ Bus. Phone _____

Mother's Name _____ Employer _____ Bus. Phone _____

Email Address: _____ Cell Phone: _____

List any medical problems or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number Seasons Played _____ Last Team _____ Last League _____ Date of Last Season _____ 20 _____

Height _____ Weight _____ School _____ Grade _____

UNIFORM SIZE				Other Children From Family Presently In League	_____ Age _____
YOUTH		ADULT			_____ Age _____
S M L	S M L XL				_____ Age _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise idemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including 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 X _____ Date _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help:

<input type="checkbox"/> Coach	<input type="checkbox"/> Committee
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Special Projects Volunteer	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Grounds & Field Preparation	<input type="checkbox"/> concessions
<input type="checkbox"/> Board Member	
<input type="checkbox"/> Other: _____	

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give 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 necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian _____

X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

OFFICE USE ONLY

Registration Fees Received by: _____

Amount Received: _____

Check # _____

Fee Type CK CA SC SB

Birth Certificate Received YES NO