# MEMBERSHIP FORM

## SAN ANGELO SOCCER ASSOCIATION

1501 GLENNA DR.• SAN ANGELO, TEXAS 76903
(325) 942-5425 • sasa@wcc.net • www.sanangelosoccer.org

Youth Division of U.S. Soccer
Affiliated with the Federation International de Football Association (FIFA)

www.ntxsoccer.org

SASA I.D. # | Age Group | Div | Birthday (Month Day Year) | Male=M Female = F

**PLAYER**

Last Name | First Name | Init.

Address | City

State | Zip Code | ( ) Area Code Home Number

**PARENT INFO**

Father's name _____ Employer _____ Bus. Phone _____

Email Address _____ Cell Phone _____

Mother's Name: _____ Employer _____ Bus. Phone _____

Email Address _____ Cell Phone _____

List any medical problems or prohibition player has _____

Person to notify in emergency other than parent: _____ 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

| YOUTH | | | | ADULT | | | |
|---|---|---|---|---|---|---|---|
| XS | S | M | L | S | M | L | XL |

Other Children From Family Presently Playing In League _____ Age _____

_____ Age _____

_____ 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.

Parent Name _____ 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:

- ❑ Coach
- ❑ Asst. Coach
- ❑ Team Parent
- ❑ Board Member
- ❑ 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

Parent Name _____

Signature X _____

Date _____

### OFFICE USE ONLY

Registration Fees Received by: _____

Amount Received: _____

Fee Type ❑ MO ❑ CA ❑ CIR

Birth Certificate Received ❑ YES ❑ NO

Team Request on File ❑ YES ❑ NO

Financial Aid Request on File ❑ YES ❑ NO

Birth Certificate on File ❑ YES ❑ NO