

INDIVIDUAL MEMBERSHIP FORM (SP)



NO REFUNDS

Fees Paid _____

Petición Especial _____



Please Print Firmly and Legibly To Make Clear Multiple Copies.

Nombre de Nacimiento Certificado _____

Apellido _____ Nombre de Pila _____ Initial _____ Apodo _____

Dirección de Envío _____

Dirección _____ Ciudad _____ Postal _____

() _____ () _____

Teléfono (Casa) _____ Celular o Otro _____

Fecha de Nacimiento _____ / _____ / _____

Mes _____ Día _____ Año _____ Verified by _____

NYCC TEAM Sexo Varón Hembra Jugador Entrenador Asst. Entrenador Other Nivel de licencia del entrenador

Nombre de Padre _____ Empleo _____ Empleo Teléfono _____

Nombre de Madre _____ Empleo _____ Empleo Teléfono _____

Problemas médicas _____

Person en caso de emergencia _____ Teléfono _____

Medico en caso de emergencia _____ Teléfono _____

Años Jugado _____ Último Equipo _____ Último Liga _____ Fecha de Año Jugado _____ 20 _____

Estatura _____ Peso _____ Escuela _____ Grado _____

UNIFORM SIZE			ETHNICITY (Raza)	
	YOUTH	ADULT	<input type="checkbox"/> White	<input type="checkbox"/> Indian/Asian
CAMISA:	XS S M L	S M L XL	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic
PANTALONES:	XS S M L	S M L XL	<input type="checkbox"/> Other _____	
CALCETÍN:	XS S M L	S M L XL		

Email Padre _____

Email Madre _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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.

Nombre _____

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 _____

Dirección _____

Ciudad _____ State _____ Postal _____

Teléfono (Casa) _____ Empleo Teléfono _____

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"/> Entrenador	<input type="checkbox"/> Special Project	<input type="checkbox"/> Comité	<input type="checkbox"/> Reportero
<input type="checkbox"/> Asst. Entrenador	<input type="checkbox"/> Preparación de campo	<input type="checkbox"/> Árbitro	<input type="checkbox"/> Hoja Informativa
<input type="checkbox"/> Entrenador de Equipo	<input type="checkbox"/> Miembro de directoria	<input type="checkbox"/> Para recaudar fondos	
<input type="checkbox"/> Concesión	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Publicidad	<input type="checkbox"/> Clerical
<input type="checkbox"/> Patrocinador			

Other _____

OFFICIAL USE ONLY Registration	Picture Received Birthdate Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Player Fee	\$ _____	
Discount	\$ _____	
Coach's Fee	\$ _____	
Multiple Child	\$ _____	
Other	\$ _____	Received By _____
TOTAL \$ _____		Date _____
Cash <input type="checkbox"/>	\$ _____	
Check No. \$ _____	\$ _____	