



# Utah Youth Soccer Association

## Participant Registration Form

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES



### Parent/Guardian Information

Name of the Parent/Guardian 1 \_\_\_\_\_ Male ☐ Female ☐ Relation to Child \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of the Parent/Guardian 2 \_\_\_\_\_ Male ☐ Female ☐ Relation to Child \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Player Information

Player's Full Name \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_ Male ☐ Female ☐

Player Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Elementary School (Closest to Your Residence) \_\_\_\_\_

Emergency Contact (Other than Parent) \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor (Emergency) \_\_\_\_\_ Telephone \_\_\_\_\_

List Medical Problem/Prohibition Player Has \_\_\_\_\_

### I would like to help by volunteering

Coach ☐ Assistant Coach ☐ Team Manager ☐ Team Parent ☐ Special Project ☐ Fund Raising ☐ Field Preparation ☐ Referee ☐

### Consent for Medical Treatment

As parent or legal guardian of the above-named minor. 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 \_\_\_\_\_

### Participant 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/or 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

☐ Competition ☐ Recreation League/Club Name \_\_\_\_\_ District # \_\_\_\_\_

League/Club Number \_\_\_\_\_ Team Number \_\_\_\_\_ Age-Group \_\_\_\_\_ Birth Certificate Verified ☐

☐ New Player ☐ Returning Player UYSA ID Number \_\_\_\_\_ Registration Fees \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

☐ Cash or Check # \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

UYSA reserves the right to use the given email address for the benefits of UYSA



**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)

