

SoccerMaine
 Shari Levesque, Registrar
 512 Warren Avenue
 Portland, ME 04103
www.soccermaine.com

Club Name _____ Age _____
 Team Group _____ Div _____
 Name _____

(Use Code Only) **01** **05** _____ I.D.# _____ - _____ - _____
 Region State District 01 North 02 South 03 Metro Club Rec/Comp
 04 Central

Player Membership Form

Last Name _____ First Name _____ Init _____ M _____ F _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Telephone _____ - _____ - _____ Birthdate mo _____ day _____ year _____

Father's Name _____ Occupation (optional) _____ Bus Phone _____

Mother's Name _____ Occupation (optional) _____ Bus Phone _____

List any medical problem or prohibition player has _____
 Person to notify in emergency _____ Telephone _____
 Doctor to notify in emergency _____ Telephone _____
 Height _____ Weight _____ School _____ Grade _____

Other Children from family playing in club
 _____ Age _____
 _____ Age _____

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 Referee Board Member
 Asst. Coach Publicity Fund Raising
 Team Manager Donor Field Prep
 Special Projects Concessions Newsletter
 Committee Member
 Other: _____

Important

I, the parent/guardian of the below-named player, a minor, agree that the player and I will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer league programs and activities of the USYSA Parties (the "Program"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent or legal guardian of the below-named player, I hereby give **consent for emergency 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.

Recognizing that adults are role models for all of our players, I/we **pledge not to smoke or to use tobacco** in proximity to any fields being used for youth soccer activities.

Name: _____ Player: _____
 Print Name of Parent/Guardian Print Name

Signature: X Signature: _____

Date: _____ Date: _____

Address: _____ Phone: _____
 Home _____

City _____ State _____ Zip _____ Bus _____



Official Use Only

Picture received _____ yes _____ no
 Birthdate verified _____ yes _____ no
 Player Fee \$ _____
 Received by _____
 Check No. _____ Date _____

