

Rio Valley

Youth Soccer Association
 PO Box 406 / Harlingen, Texas 78551
 www.riovalleysoccer.org

INDIVIDUAL MEMBERSHIP FORM



Fees Paid _____



Team Code _____ Assn. _____ Club _____ Level _____ Sex _____ Age _____ Team No. _____
 Team Name _____ Age Group _____
 ID # _____

Use Birth Certificate Names Only _____ Please Print Firmly and Legibly To Make Clear Multiple Copies
 Last Name _____ First Name _____ Initial _____
 Mailing Address _____
 Home Phone () _____ Day Phone () _____
 Date of Birth / / _____ Male _____ Player _____ Asst. Coach
 Birth Month Day Year _____ DOB Verified By _____ Female _____ Coach _____ Other _____

Father's _____ Occupation _____ Wk Phone _____
 Mother's _____ Occupation _____ Wk Phone _____
 List any medical problem or prohibition player has _____
 Person to notify in emergency _____ Phone # _____
 Doctor to notify in emergency _____ Phone # _____
 Number prior season _____ Last Team _____ Date of last season _____ 20
 Height _____ Weight _____ School _____ Grade _____

	Youth Sizes					Adult Sizes				
Shirt	XS	S	M	L	XL	XS	S	M	L	XL
Shorts	XS	S	M	L	XL	XS	S	M	L	XL
Socks	XS	S	M	L	XL	XS	S	M	L	XL

Other Children _____ Age _____
 From Family _____
 Presently in _____
 League _____

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 "Program"), 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.

Parental Support

We ask for active participation of all parents in our program.
 Coach Asst. Coach
 Manager Team Parent
 Referee Sponsorship
 Publicity Newsletter
 Committee Member
 Field Preparation
 Board Member
 Concessions

Print Parent / Legal Guardian _____ Signature _____ Date _____

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 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 _____ HM Phone _____
 City _____ WK Phone _____
 State _____ Zip _____ Other _____

Official Use Only

Picture Received Yes No
 Birth Date Verified Yes No

Registration Fees

Player Fees _____
 Coach Fees _____
 Total Fees _____
 Cash or Check # _____
 Received by: _____
 Date: _____