



RECREATIONAL MEMBERSHIP FORM FALL 2010

Register online at:
www.nacsoccer.org 936-622-3811

| | |
|----------------------------|--|
| For League Use Only | |
| Division _____ | |
| Soccer Age _____ | |

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|--|--|----------------------------|-------|---|-------|---|-------|-----|------|------|--|
| First Name: | | | | Last Name: | | | | MI: | | Sex: | |
| DOB: | / / | Spring 2010 Team/Coach: | | | | <input type="checkbox"/> New to NYSA <input type="checkbox"/> Same Team as Spring '10 <input type="checkbox"/> Didn't Play Spring '10 <input type="checkbox"/> Re-Draft (\$75) | | | | | |
| Street: | | | | City: | | | St: | TX | Zip: | | |
| Phone: | () - | Cell: | () - | Buddy (U6 and below ONLY-MUST turn in together) | | | | | | | |
| E-Mail Address: | | | | | | | | | | | |
| Volunteer: 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"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Committee <input type="checkbox"/> Field Preparation <input type="checkbox"/> Referee <input type="checkbox"/> Field Marshall <input type="checkbox"/> Fund Raising <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____ | | | | | | | | | | |
| Father: | | | | Home: | () - | Cell: | () - | | | | |
| E-Mail Address: (if different from above) | | | | | | | | | | | |
| Mother: | | | | Home: | () - | Cell: | () - | | | | |
| E-Mail Address: (if different from above) | | | | | | | | | | | |
| Emergency Contact: | | | | | | Phone: | () - | | | | |
| Doctor: | | | | | | Phone: | () - | | | | |
| Medical Notes: | | | | | | | | | | | |

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures 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. **Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 may do so only with the written permission of the Member Association in which he/she is currently rostered.**

Name: _____
Parent/Legal Guardian (please print)

Signature: X _____ 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 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 _____

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|---|-----------------------------------|--------------------------------|-----------------------------|------------|-----------|
| OFFICIAL USE ONLY | Registration Fee: | Redraft additional \$10 | Birth Date Verified? | Yes | No |
| Early Registration Returning Player (due by 07/31/09): \$65 | Registration after 07/31/09: \$75 | | | | |
| Received: \$ _____ | Cash: _____ | Check #: _____ | | | |
| Received By: _____ | Date: _____ | | | | |

Mail to:
NYSA
PO Box 632196
Nacogdoches, TX
75963-2196

REFUND POLICY: NYSA will charge an automatic processing fee of \$25. Refunds should be requested in writing, and will be mailed 30 days after the start of the season.

SEASON BEGINS SEPTEMBER 19, 2010 REGISTRATION DATES: AUGUST 14, 21, & 28