



Missouri Youth Soccer Association
MEMBERSHIP FORM

PLAYERS and COACHES must complete a separate form per team participating with



LEAGUE NAME: _____ League # _____
 Team Name: _____ Age Group: _____
 Level of Play: Competitive _____ Secondary _____ Recreational _____ Division (Boy or Girl): _____
 (If this is Secondary Team list name of primary team/league) _____

ID NUMBER _____ (This is State Birth Certificate Number)
Name must be filled in as it appears on your state birth certificate

Last name _____ First Name _____ MI _____
 Address _____ City _____
 State _____ Zip Code _____ Phone (____) _____ Birthdate _____
 E-mail Address: _____ Sex (M/F) _____ Player _____ Coach
 (Head/Assistant) _____ License Level _____ License # _____ License Date _____
A Copy of Your Coaches License Must be submitted with this form
 Administrative Position Held (check one that applies): _____ Team Manager _____ Trainer

Father's Name _____ Occupation _____ Bus. _____
 Phone _____
 Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____ **PARENT**
SUPPORT
 Emergency Contact Person (other than parents) Name _____ Head Coach
 Relationship _____ Phone (H) _____ Phone (W) _____ Assistant
 Coach
 • School Attending _____ Grade _____ Team Parent
 • Have you ever lived in a foreign country? _____ If yes, when did you enter/re-enter the United States?

(Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to USSoccer before player can be rostered to team.)

LIABILITY RELEASE
MUST be signed by parent or legal guardian of player. Coaches must sign when completing form on self.
 I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), 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 future 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 Program.

SIGNATURE _____ DATE _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIAL
 ON FILE: Copy of State Birth Certificate/Coaches License _____ Yes _____ No
 LEAGUE FEE: \$ _____ RECEIVED BY: _____
 MYSA FEE: \$ _____ DATE: _____
 TOTAL: \$ _____ CHECK # _____