



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)

