

HENDERSON SOCCER ASSOCIATION

www.hendersontxsoccer.com

RECREATIONAL MEMBERSHIP FORM

Registration Fee **\$60.00**
Photocopy of Birth Certificate **MUST** be
attached for all **NEW** Players



- FOR LEAGUE
USE ONLY
- TRANSFERS
 - NEW
 - REREGISTRATION
 - CHANGE/
CORRECTION

Team Name	Age Group: U-	Player/Coach Registration #:
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Last Name:	First Name:	Init	Player:	Coach:	Lic:
Street Address:		Apt #:	City:		St: TX
Zip Code:	Phone #:	DOB:	Age:	Sex:	
E-mail Address:					
Father's Name:		Occupation:	Work Phone #:		
Mother's Name:		Occupation:	Work Phone #:		
Father's Cell Phone #:		Mother's Cell Phone #:			
Person in an emergency:			Phone #:		
Doctor to Notify:			Phone #:		
List any Medical Problems:					

# of Seasons Played	Last Team	Last Association	Date of Last Season	Height	Weight	School	Grade
UNIFORM SIZE (circle one)		Other Children in family Presently in League				Age	
	Youth	Adult					
Shirts	S M L	S M L XL XXL					
Shorts	S M L	S M L XL XXL					
Socks	S M L						

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 APrograms). 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: _____

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
- Asst. Coach
- Team Mgr
- Team Parent
- Special Projects
- Field Preparation
- Board Member
- Publicity
- Committee
- Referee
- Fund Raising
- Clerical
- Reporter
- Newsletter
- Concessions
- Donor

Other: _____

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 _____

Address: _____ Apt #: _____

City: _____ TX Zip code: _____

Phone: Home _____ Bus.: _____

OFFICIAL USE ONLY

Birth Certificate Received
Yes No On File

Registration Fees \$ _____

Player Fee \$ _____

Other \$ _____

TOTAL Received \$ _____

Cash _____ Check # _____ Date _____

Received by _____