

# HENDERSON SOCCER ASSOCIATION

[www.hendersontxsoccer.com](http://www.hendersontxsoccer.com)

## RECREATIONAL MEMBERSHIP FORM

Registration Fee **\$60.00**

Photocopy of Birth Certificate **MUST** be attached for ALL Players EACH Season



FOR LEAGUE USE ONLY  
 TRANSFERS  
 NEW  
 REREGISTRATION  
 CHANGE/CORRECTION

Team Name	Age Group: <b>U-</b>	Player/Coach Registration #:
-----------	----------------------	------------------------------

Last Name:	First Name:	Init	Player:	Coach:	Lic:
------------	-------------	------	---------	--------	------

Street Address:	Apt #:	City:	St:	<b>TX</b>
-----------------	--------	-------	-----	-----------

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

<b>UNIFORM SIZE</b> (circle one)	<b>Other Children in family Presently in League</b>	<b>Age</b>
----------------------------------	---	------------

	Youth	Adult		
<b>Shirts</b>	S M L	S M L XL XXL		
<b>Shorts</b>	S M L	S M L XL XXL		
<b>Socks</b>	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, it's 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.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Coach             | <input type="checkbox"/> Committee    |
| <input type="checkbox"/> Asst. Coach       | <input type="checkbox"/> Referee      |
| <input type="checkbox"/> Team Mgr          | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Team Parent       | <input type="checkbox"/> Clerical     |
| <input type="checkbox"/> Special Projects  | <input type="checkbox"/> Reporter     |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> Board Member      | <input type="checkbox"/> Concessions  |
| <input type="checkbox"/> Publicity         | <input type="checkbox"/> 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

Registration Fees \$ \_\_\_\_\_

Player Fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL Received \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_