



# UNITED STATES FUTSAL

# FUTSAL

STATE	LEAGUE	TEAM
APPLICATION DATE		
PLAYER REGISTRATION #		

## YOUTH PLAYER REGISTRATION

 CURRENT USYSA/AYSO  
 REGISTRATION # \_\_\_\_\_

NONE

(please print firmly and legibly to make clear multiple copies)

LAST NAME	FIRST NAME	MI	SEX
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ADDRESS	CITY
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STATE	ZIP CODE	TELEPHONE	BIRTHDATE
			month   day   year

FATHER'S NAME	WORK PHONE
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MOTHER'S NAME	WORK PHONE
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FATHER'S OCCUPATION	MOTHER'S OCCUPATION
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 LIST ANY MEDICAL PROBLEMS  
 OR PROHIBITIONS PLAYER HAS

DOCTOR TO NOTIFY IN EMERGENCY	PHONE
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PERSON TO NOTIFY IN EMERGENCY	PHONE
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SHIRT SIZE (CHECK ONE)	YOUTH	S	M	L	ADULT	XS	S	M	L	SHORTS SIZE (CHECK ONE)	YOUTH	S	M	L	ADULT	XS	S	M	L
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FUTSAL (INDOOR SOCCER) EXPERIENCE: YES	NO	NUMBER OF SEASONS PLAYED
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OUTDOOR SOCCER EXPERIENCE: YES	NO	NUMBER OF SEASONS PLAYED
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WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP (COACH)

	(ASS'T COACH)	(BOARD MEMBER)	(REFEREE)	(PUBLICITY)	(TEAM PARENT)
(FUND RAISING)	(TELEPHONE)	(EQUIPMENT)	(SCOREKEEPER)	(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

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize

Signature of Parent or Legal Guardian

Address

Name

Parent/Legal Guardian (please print)

City	Zip
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Signature	Date
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BIRTH DATE VERIFIED	YES	NO	REGISTRATION FEE	\$
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COMMENT	AMOUNT PAID	\$
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VERIFIED BY	CASH	CHECK #
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