



IDAHO YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM



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TEAM INFORMATION

SEASON: Fall 2011

League Name: SW Idaho TOPSoccer League

Club/Team Name: DISTRICT III TOPSoccer

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ATHLETE INFORMATION

Name: _____ Date of Birth: _____
First Middle Last

Address: _____ Gender: Male _____ Female _____
Street T-shirt Size: _____youth or adult

City State Zip code e-mail: _____

Parent or Guardian: _____ Phone #: _____

Address (if different): _____
Street City State Zip code

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We need parents/guardians and volunteers to step up and agree to assist during the season. Please sign up for one of the volunteer positions that are available. Help us to make this program a reality in our area.

VOLUNTEER POSITIONS

- Team Leader (on the field) YES NO
- Team Parent (set up snack schedule) YES NO
- Registration and Weekly check in support YES NO
- Fund Raisers (help get donations) YES NO
- Committee Member (help organize league) YES NO

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EMERGENCY CONTACT INFORMATION

Person to Contact: _____ Phone #: _____

Address (if different): _____
Street City State Zip code

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I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer, IYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer, IYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the US Youth Soccer, IYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields 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 authorized.

Pictures can be used of our child for promotion of the TOPSoccer program. YES or NO (please circle one) We will be conscientious of the use and not careless.

Signature: _____ Date: _____

**Registration requested by September 2, 2011
SUBMIT REGISTRATION AND \$17.00 fee
CHECKS MADE OUT TO IYSA**

**Return to: Idaho Youth Soccer Association
Attn: TOPSoccer
8030 West Emerald Street
Suite 175
Boise, ID 83704**

Also complete the medical release form below and return it with the registration.



IDAHO YOUTH SOCCER ASSOCIATION MEDICAL RELEASE FORM

Coach's copy - to be carried by coach to all games and practices.

Player's Name _____ Home Phone _____
Address _____ City/Zip _____
Parent/Guardian Name _____ Relationship _____
Parent/Guardian Address _____ City/Zip _____
Parent/Guardian Home Phone _____ Work Phone _____
Parent/Guardian Home Phone _____ Work Phone _____
Person To Notify In Case of Emergency _____
Home Phone _____ Work Phone _____
Doctor To Notify In Emergency _____ Phone _____
Hospital Preference, if any _____ City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____ Child's Birth Date _____
Address _____ City/State/Zip _____
Subscriber Name _____ Do You Have A Dental Program _____
Subscriber Number _____ Group Number _____
Subscriber Address _____ City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____ Date _____