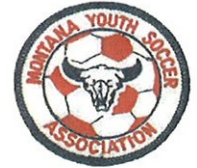




**Livingston Youth Soccer Association**  
 P.O. Box 556 · Livingston, MT 59047  
<http://livingstonyouthsoccer.org>



**Soccer Player** (as name appears on Birth Record)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birth Date (mm/dd/yyyy): \_\_\_\_\_ M or F: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Number of seasons played: \_\_\_\_\_ Jersey Size (circle one): Youth **S M L** Adult **S M L**  
 Medical conditions? Allergies? \_\_\_\_\_  
 Requests \_\_\_\_\_

**Father**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_ *(We depend upon email, please write legibly.)*  
 Please Volunteer: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee \_\_\_\_\_ Line fields \_\_\_\_\_ Team Manager \_\_\_\_\_

**Mother**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_ *(We depend upon email, please write legibly.)*  
 Please Volunteer: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee \_\_\_\_\_ Line fields \_\_\_\_\_ Team Manager \_\_\_\_\_

**Emergency Contacts**

Friend's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**U.S. Youth Soccer Agreement**

I, the parent/guardian of the above-named player, minor, agree that I and the player will abide by the rules and regulations of U.S. Youth Soccer, it's affiliated organizations, and it's sponsors (U.S. Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of U.S. Youth Soccer Parties (the Programs). I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify U.S. Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, players transportation to/from any Program which transportation is hereby authorized. I further grant U.S. Youth Soccer Parties the right to use the player's name, picture 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.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Medical Treatment**

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.

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Sign and date even if you don't have insurance)*

**Office Use Only** Amount received: \_\_\_\_\_ Received by: (initials) \_\_\_\_\_ Check No. or Cash: \_\_\_\_\_