Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)

Montana Youth Soccer
P.O. Box 386
St Regis, MT 59866
406-721-6283

Registration

I.D.#

FORM REVISED: JULY 24, 2006

REGION: IV | STATE: MT | DISTRICT CODE | LEAGUE CODE | CLUB CODE | AGE GROUP: U- | BOYS=B GIRLS=G | COMP=C REC=R

LEAGUE NAME

CLUB NAME

TEAM NAME

☐ NEW ☐ RETURN ☐ SECOND ROSTER TRANSFERS: ☐ PREVIOUSLY ROSTERED ☐ INTER-STATE ☐ INTER-NATIONAL

Name as it appears on the Birth Record:

LAST NAME | FIRST NAME | MIDDLE INITIAL

ADDRESS | CITY

STATE | ZIP CODE | AREA CODE & TELEPHONE | MALE=M FEMALE=F | BIRTH DATE

PLAYER=P OTHER=O | COACH LICENSE | E-MAIL ADDRESS

FATHER'S NAME | OCCUPATION | BUS. PHONE

MOTHER'S NAME | OCCUPATION | BUS. PHONE

LIST ANY MEDICAL CONDITION OR PROHIBITION FROM PLAYING

PERSON TO NOTIFY IN AN EMERGENCY | PHONE

PHYSICIAN TO NOTIFY IN AN EMERGENCY | PHONE

NUMBER OF PRIOR SEASONS PLAYED | LAST TEAM

DATE OF LAST SEASON | LAST LEAGUE

HEIGHT | WEIGHT | SCHOOL | GRADE

UNIFORMS

	YOUTH					ADULT					
JERSEY	XS	S	M	L	XL	XS	S	M	L	XL	2X
SHORTS	XS	S	M	L	XL	XS	S	M	L	XL	2X
SOCKS	XS	S	M	L	XL	XS	S	M	L	XL	2X

OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN THIS LEAGUE

NAME | AGE

NAME | AGE

NAME | AGE

PLAYER FEE | RCVD BY

COACH FEE | DATE

OTHER | CHECK NO.

Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, it's affiliated organizations, and it's sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US 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 US 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, player's transportation to/from any Program which tranportation is hereby authorized. I further grant US 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.

SIGNATURE OF PLAYER | DATE

SIGNATURE OF PARENT/GUARDIAN | DATE

Parent Support

PLEASE MARK VOLUNTEER OPTIONS

- ☐ ***COACH***
- ☐ ***ASSISTANT COACH***
- ☐ ***TEAM MANAGER***
- ☐ ***EQUIPMENT MANAGER***
- ☐ ***REFEREE***
- ☐ ***FIELD MARSHALL***
- ☐ ***FIELD PREPARATION***
- ☐ ***CONCESSIONS***
- ☐ ***TOURNAMENT DUTIES***
- ☐ ***REGISTRATION***
- ☐ ***CLERICAL***
- ☐ ***TELEPHONE DUTIES***
- ☐ ***REPORTER***
- ☐ ***PUBLICITY***
- ☐ ***NEWSLETTER***
- ☐ ***FUND RAISING***
- ☐ ***BOARD MEMBER***
- ☐ ***SPONSOR***

OTHER AREAS OF EXPERTISE

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.

SIGNATURE OF PARENT/GUARDIAN | INSURANCE COMPANY

POLICY NUMBER(S) | NAME OF INSURED

DATE