

Capitol Area Youth Soccer Association
 P.O. Box 352
 Manor, TX 78653
 (512) 302-4580 office (512) 302-0686 fax

GUEST PLAYER REGISTRATION FORM

	Use Birth Certificate Names Only					
	Mailing Address	Last	First	Initial	Nickname	
	()	Home Phone		() Daytime Phone for Adults		
	Date of Birth	Month	Day	Year	Verified By	<input type="checkbox"/> Male <input type="checkbox"/> Female

	Father's Name _____ Business Phone _____ Mother's Name _____ Business Phone _____ List any medical problem or prohibition player has _____ _____ Height _____ Weight _____ School _____ Grade _____ Person to notify in emergency _____ Telephone _____ Doctor to notify in emergency _____ Telephone _____
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I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, 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 authorize.

Name _____
Parent/Legal Guardian (please print)

Signature X _____ Date _____

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 _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus. _____

OFFICE USE ONLY			
Registration Fee: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Birthdate Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received By _____	Date _____		