Pros Soccer Club

2009/10 MEMBERSHIP FORM

League Name _____ Age Group U- _____ Div _____

Club & Team **Pros Soccer Club** **Team: Pros** _____ _____ _____

(Ex: *Pros 89 Boys White* (year) (Girls or Boys) (White or Black)

USE CODE ONLY → District - League - Club - Team - Player

Recreational = R
Competitive = C

Last Name _____ First Name _____ Init. _____

Address _____ City _____

AZ (State) | Zip Code | Area Code | Telephone Number | Month Day Year Birth date | Male = M Female = F | **Email (FAMILY)**

Father's Name _____ Cell #: _____ Bus. Phone: _____

Home #: _____ Dad's Email: _____

Mother's Name _____ Cell #: _____ Bus. Phone: _____

Home #: _____ Mom's Email: _____

Legal Guardian _____ Phone #: _____ Email: _____

List any medical problems or prohibition of player _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that the player and I will abide by the rules and regulations of the US Soccer Federation ("USSF"), its affiliated organizations, including, but not limited to the applicable rules and regulations of US Youth Soccer, US Club Soccer and Pros Soccer Club, and their respective administrators, members and sponsors ("USSF Parties"). In consideration of the player's participation in the soccer programs and other activities (example: Educational activities of the Pros Soccer Club) of the USSF Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USSF Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, 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 transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness and other information in printed, broadcast and other material concerning the Programs provided such use is or was related to the player's status as a participant in the Programs. I further agree that all club fees will be paid according the Pros Player/Parent Financial Acknowledgment fee schedule or player participation at Pros SC may be suspended, may be sent to a collection agency and/or the player placed in bad financial standing with AYSA until the fees have been paid.

Name: _____ (Print Name of Parent/Guardian) Player _____ (Print Name)

Signature X _____ Date: _____ 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. Note: Medical Release Notary recommended for In-State play, required for Out-of-State)

Signature X _____ (Parent or Legal Guardian)

Address _____

City _____ State _____ Zip _____

Phone (AC) _____ Work (AC) _____

NOTARY

_____ Day _____ Month _____ Year

My Commission Expires: _____

Transportation Consent: I hereby authorize the office, leader, or coach, agent(s) of the Pros Soccer Club to transport as required the above minor to and from Pros Soccer Club sponsored activities including, but not limited to athletic and social events.