



# UNITED STATES FUTSAL FEDERATION

# FUTSAL



STATE \_\_\_\_\_ LEAGUE \_\_\_\_\_ TEAM \_\_\_\_\_  
 APPLICATION DATE \_\_\_\_\_  
 PLAYER REGISTRATION # \_\_\_\_\_

## YOUTH PLAYER REGISTRATION

CURRENT USYSA/AYSO REGISTRATION # \_\_\_\_\_ NONE \_\_\_\_\_

(please print firmly and legibly to make clear multiple copies)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SEX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
month day year

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

SHIRT SIZE (CHECK ONE) YOUTH  S  M  L ADULT  XS  S  M  L SHORTS SIZE (CHECK ONE) YOUTH  S  M  L ADULT  XS  S  M  L

FUTSAL (INDOOR SOCCER) EXPERIENCE: YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF SEASONS PLAYED \_\_\_\_\_

OUTDOOR SOCCER EXPERIENCE: YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER OF SEASONS PLAYED \_\_\_\_\_

WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP  
 (COACH) (ASS'T COACH) (BOARD MEMBER) (REFEREE) (PUBLICITY) (TEAM PARENT)  
 (FUND RAISING) (TELEPHONE) (EQUIPMENT) (SCOREKEEPER) (OTHER) \_\_\_\_\_

### 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

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums 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

Signature of Parent or Legal Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Parent/Legal Guardian (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL USE

BIRTH DATE VERIFIED YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENT \_\_\_\_\_

\_\_\_\_\_ VERIFIED BY \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_