



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 _____

REGISTRATION FEE \$ _____

COMMENT _____

AMOUNT PAID \$ _____

_____ VERIFIED BY _____

CASH _____ CHECK # _____