
  ID # [64G971233]	<h1 style="margin: 0;">USYSA Membership Form</h1>	  United States Youth Soccer Association  Member of the United States Soccer Federation (USSF)  Affiliated with the Federation Internationale de Football Association (FIFA)												
<b>OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC. – PLAYERS</b> Male/Female: [ F ] Coach License Level: [ ] Transfer: [ ] New: [ ] Re-Registration [ ] Change: [ ]														
This section must be completed by the team coach														
League Name	Cincinnati United Soccer League	Age Group	U12G	Div.	2									
Club/Team Name	<b>Club name:</b> Tri-State Futbol Alliance <b>Team Name:</b> Tri-State FA Premier II													
Region	02	State	OH	District	01	League	64	Club	17	Team	G9712	Rec/Comp:		
PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES.														
Last Name	Goins						First Name	Katelyn	Init.					
Address	2337 Bella Vista Drive						City	Fairfield						
State	OH	Zip	45014	Area Code	513	Telephone Number	738-2870	Birth Date	2/22/1998					
<b>SPECIAL NOTE TO ALL PLAYERS THAT PLAYED HIGH SCHOOL SOCCER LAST FALL</b> OHIO HIGH SCHOOL ATHLETIC ASSOCIATION RULES LIMIT OSYSA TEAMS TO NO MORE THAN FIVE (5) PLAYERS WHO PLAYED HIGH SCHOOL SOCCER AT THE SAME HIGH SCHOOL LAST FALL (VARSITY, RESERVE, FRESHMEN) FROM BEING ON THE SAME OSYSA TEAM PRIOR TO JUNE 1 <sup>ST</sup> .														
Father's Name _____ Occupation _____ Bus. Phone _____ Mother's Name _____ Occupation _____ Bus. Phone _____ List any medical problem or prohibition player has _____ Person to notify in emergency: _____ Telephone _____ Doctor to notify in emergency: _____ Telephone _____														
<b>CONSENT FOR MEDICAL TREATMENT (MINOR)</b>  As the parent or legal guardian of the above-named player, I hereby give my 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 _____  Address _____ City State Zip _____ Phone: Home _____ Bus. _____								I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for 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 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 _____ Signature _____ Date _____						

\*\*Parents must sign both boxes above or CUSL will not approve player.