

PRIDE Soccer Association Membership Form



Team Name: _____ Team #: _____
Gender: _____ Date of Birth: _____ Age Group: _____ Jersey #: _____
Male/Female Month/Day/Year
Player Name: _____ Player CSYSA #: _____
Address: _____ City: _____ Zip: _____ State: _____
Home Phone: _____
Mother's Name: _____ Work Phone: _____ Cell: _____
Occupation: _____ Email: _____
Father's Name: _____ Work Phone: _____ Cell: _____
Occupation: _____ Email: _____
List any medical problem or prohibition player has: _____
Person to notify in emergency: _____ Phone: _____
Doctor to notify in emergency: _____ Phone: _____
Last CSYSA Team: _____ Date of last season: _____
School Attending: _____

Important

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA 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 USYSA 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, with out limitation, player's transportation to/from any Program, which 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 in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ Signature: _____ Date: _____
Parent/Guardian (Please Print)

PRIDE Soccer Disclosure Statement

Signature on this form binds the player to his/her club for the entire seasonal year. The player is responsible for a full year of fees with the year being fall and spring. The PRIDE fees for each team are inclusive of the following: fees paid by PRIDE to CSYSA, coaching fees, field usage fees, referee and administrative fees. These fees do not include fees incurred for participating in tournaments, travel, indoor/outdoor facilities or uniform expenses. PRIDE Soccer offers refunds only for out-of-state, job-related transfers and injuries documented by a physician. In such cases the refund amount will be at the discretion of PRIDE Soccer. No refunds will be allowed after the first game. Any other refund requests will be decided on a case by case basis. All requests for refunds must be submitted to PRIDE Soccer in writing. By writing in your email constitutes permission for us to contact you. We do not sell or give out email addresses.

I, _____, parent/guardian of _____ (player name) have read and understand the above described financial obligations and responsibilities of playing on a PRIDE Soccer team.

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 and well-being of my dependent.

Signature of Parent or Guardian: _____ Date: _____