Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)

Montana Youth Soccer
PO Box 386
St Regis, MT 59866
406-721-6283

Sabres Soccer
PO Box 144
Stevensville, MT 59722

Registration

I.D.#

FORM REVISED: JULY 11, 2005

REGION	STATE	DISTRICT CODE	LEAGUE CODE	CLUB CODE	AGE GROUP	BOYS=B GIRLS=G	COMP=C REC=R
IV	MT	B			U-		

LEAGUE NAME

CLUB NAME **Sabres Soccer**

TEAM NAME

☐ NEW ☐ RETURN ☐ SECOND ROSTER TRANSFERS: ☐ PREVIOUSLY ROSTERED ☐ INTER-STATE ☐ INTER-NATIONAL

Name as it appears on the Birth Record:

LAST NAME ____ FIRST NAME ____ MIDDLE INITIAL ____

ADDRESS ____ CITY ____

STATE ____ ZIP CODE ____ AREA CODE & TELEPHONE ____ MALE=M FEMALE=F ____ BIRTH DATE ____

PLAYER=P OTHER=O COACH LICENSE E-MAIL ADDRESS

FATHER'S NAME ____ BUS. PHONE ____

MOTHER'S NAME ____ BUS. PHONE ____

LIST ANY MEDICAL CONDITION OR PROHIBITION FROM PLAYING ____

PERSON TO NOTIFY IN AN EMERGENCY ____ PHONE ____

PHYSICIAN TO NOTIFY IN AN EMERGENCY ____ PHONE ____

NUMBER OF PRIOR SEASONS PLAYED ____ LAST TEAM ____

DATE OF LAST SEASON ____ LAST LEAGUE ____

HEIGHT ____ WEIGHT ____ SCHOOL ____ GRADE ____

UNIFORMS

	YOUTH					ADULT					
JERSEY	XS	S	M	L	XL	XS	S	M	L	XL	2X
SHORTS	XS	S	M	L	XL	XS	S	M	L	XL	2X
SOCKS	XS	S	M	L	XL	XS	S	M	L	XL	2X

OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN THIS LEAGUE

NAME ____ AGE ____

NAME ____ AGE ____

NAME ____ AGE ____

PLAYER FEE ____ RCVD BY ____

COACH FEE ____ DATE ____

OTHER ____ CHECK NO. ____

Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, it's affiliated organizations, and it's sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US Youth Soccer Parties (the Programs), I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify US Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, 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 tranportation is hereby authorized. I further grant US Youth Soccer 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.

SIGNATURE OF PLAYER ____ DATE ____

SIGNATURE OF PARENT/GUARDIAN ____ DATE ____

Parent Support

PLEASE MARK VOLUNTEER OPTIONS

- ☐ COACH
- ☐ ASSISTANT COACH
- ☐ TEAM MANAGER
- ☐ EQUIPMENT MANAGER
- ☐ REFEREE
- ☐ FIELD MARSHALL
- ☐ FIELD PREPARATION
- ☐ CONCESSIONS
- ☐ TOURNAMENT DUTIES
- ☐ REGISTRATION
- ☐ CLERICAL
- ☐ TELEPHONE DUTIES
- ☐ REPORTER
- ☐ PUBLICITY
- ☐ NEWSLETTER
- ☐ FUND RAISING
- ☐ BOARD MEMBER
- ☐ SPONSOR

OTHER AREAS OF EXPERTISE

CONSENT for MEDICAL TREATMENT

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.

SIGNATURE OF PARENT/GUARDIAN ____

DATE ____ INSURANCE COMPANY ____

NAME OF INSURED ____ POLICY NUMBER(S) ____

NOTARY