



TRI-CITY SOCCER ASSOCIATION REGISTRATION FORM

NEW PLAYER ACCOUNT

Players First Name _____ M.I. _____ Last Name _____

Create a Username _____ Create a Password _____

Household Email Address _____

PLAYER INFORMATION

Date of Birth _____ Gender M F

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

School/School District _____ Grade _____

Soccer Experience (years played) _____

Previous Team _____ What division was your previous team in?
 U6 U8 U10 U12 U14 U16

Do you want to be placed back on that team Yes No

Special Request _____

PARENT INFORMATION

Mother's Name _____ Email Address _____

Address (same as player) _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

We encourage all parents to participate. Please indicate how you can help:
 Coach Asst. Coach Team Parent Team Manager Board Member
 Clerical Reporter Committee Referee Special Project
 Other _____

Father's Name _____ Email Address _____

Address (same as player) _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

We encourage all parents to participate. Please indicate how you can help:
 Coach Asst. Coach Team Parent Team Manager Board Member
 Clerical Reporter Committee Referee Special Project
 Other _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE



EMERGENCY CONTACT

Name _____

Home Phone _____

Cell Phone _____

Name _____

Home Phone _____

Cell Phone _____

MEDICAL INFORMATION

Allergies _____

Medial Conditions _____

Physician Name _____

Physician Phone _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the PARENTAL SUPPORT 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 sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant it's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature

Date

I hereby grant TCSA permission to use photographs of my child in publications, including website, newsletters and other promotional items.

Yes No

OFFICIAL USE ONLY

Birth Certificate Received Yes No

FEES

Player \$ _____

Other \$ _____

TOTAL _____

Cash Check # _____

Paid online with CC