



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

Montana Youth Soccer  
P.O. Box 386  
St Regis, MT 59866  
406-721-6283

**Flathead Soccer Club**

50 2nd Street East Ste. 125  
Kalispell, MT 59901

# Registration

I.D.# \_\_\_\_\_

FORM REVISED: JULY 11, 2005

REGION <b>IV</b>	STATE <b>MT</b>	DISTRICT CODE <b>A</b>	LEAGUE CODE <b>FLATH-A</b>	CLUB CODE <b>U-</b>	AGE GROUP	BOYS=B GIRLS=G	COMP=C REC=R
LEAGUE NAME <b>Montana Youth Soccer</b>							
CLUB NAME <b>Flathead Force</b>							
TEAM NAME _____							
<input type="checkbox"/> NEW		<input type="checkbox"/> RETURN		<input type="checkbox"/> SECOND ROSTER		TRANSFERS: <input type="checkbox"/> PREVIOUSLY ROSTERED <input type="checkbox"/> INTER-STATE <input type="checkbox"/> 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 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PLAYER=P \_\_\_\_\_ COACH LICENSE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ FEMALE=F \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ 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						OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN THIS LEAGUE	
YOUTH			ADULT			NAME _____	AGE _____
JERSEY	XS	S	M	L	XL	NAME _____	AGE _____
SHORTS	XS	S	M	L	XL	NAME _____	AGE _____
SOCKS	XS	S	M	L	XL	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 transportation 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

- |  |   |
|--|---|
| <input type="checkbox"/> COACH             | <input type="checkbox"/> REGISTRATION     |
| <input type="checkbox"/> ASSISTANT COACH   | <input type="checkbox"/> CLERICAL         |
| <input type="checkbox"/> TEAM MANAGER      | <input type="checkbox"/> TELEPHONE DUTIES |
| <input type="checkbox"/> EQUIPMENT MANAGER | <input type="checkbox"/> REPORTER         |
| <input type="checkbox"/> REFEREE           | <input type="checkbox"/> PUBLICITY        |
| <input type="checkbox"/> FIELD MARSHALL    | <input type="checkbox"/> NEWSLETTER       |
| <input type="checkbox"/> FIELD PREPARATION | <input type="checkbox"/> FUND RAISING     |
| <input type="checkbox"/> CONCESSIONS       | <input type="checkbox"/> BOARD MEMBER     |
| <input type="checkbox"/> TOURNAMENT DUTIES | <input type="checkbox"/> 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_