



# INDIVIDUAL MEMBERSHIP FORM PASO DEL NORTE SOCCER ASSOCIATION

TEAM

Team Name \_\_\_\_\_ Division 1\_\_\_\_ 3\_\_\_\_ Boys\_\_\_\_  
 S2\_\_\_\_ 4\_\_\_\_ Girls\_\_\_\_  
 2\_\_\_\_

FAMILY INFORMATION

**HOW MANY CHILDREN CURRENTLY PLAYING WITH PDN? \_\_\_\_\_**  
**Did player participate last season? Yes \_\_\_\_ No \_\_\_\_**

*Please check one:* Father  Mother  Guardian

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Coach  Asst.-Coach  Other? \_\_\_\_\_  
 Team role if any \_\_\_\_\_

**Other Family Member** *Please check one:* Father  Mother  Guardian

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing address - if different \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Coach  Asst.-Coach  Other? \_\_\_\_\_  
 Team role if any \_\_\_\_\_

PLAYER

Player - First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

/ / / \_\_\_\_\_ Male  Female   
 Date of Birth \_\_\_\_\_ Verified by \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

MUST SIGN BOTH

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 sponsors, their employees and associated personal. 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_ Parent / Legal Guardian ( please print )  
 Signature X \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT / RELEASE 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 or well-being of my dependent.  
 Signature of Parent or Guardian \_\_\_\_\_

X \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Spring Season**

**OFFICIAL USE ONLY** Picture Received  Yes  No  
 Birthdate Verified  Yes  No

Registration Fees:  
 Player Fee.....\$ \_\_\_\_\_  
 Coach's Fee .....\$ \_\_\_\_\_  
 Other .....\$ \_\_\_\_\_

Received By \_\_\_\_\_  
 Date \_\_\_\_\_

**Fall Season**

**OFFICIAL USE ONLY** Picture Received  Yes  No  
 Birthdate Verified  Yes  No

Registration Fees:  
 Player Fee.....\$ \_\_\_\_\_  
 Coach's Fee .....\$ \_\_\_\_\_  
 Other .....\$ \_\_\_\_\_

Received By \_\_\_\_\_  
 Date \_\_\_\_\_