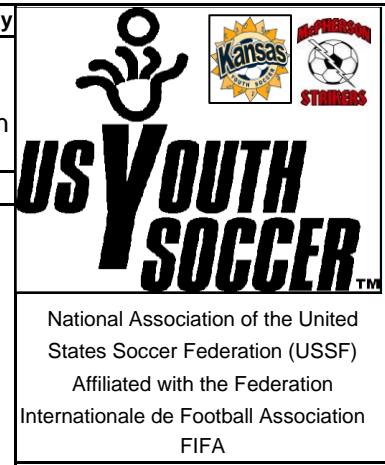


US Youth Soccer/McPherson Strikers Membership Form

**KANSAS YOUTH SOCCER ASSOCIATION
2009-2010**

League Use Only

New
 Transfer
 Correction
 Multi



League Name **McPherson Strikers** Age Group _____ Division _____
example (U-9) (M/F)

Club/Team Name(s) **McPherson Strikers Soccer Club**

Fall Season Spring Season
 Recreation=R ID #
 Competitive=C

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zipcode _____ Phone Number _____ Month Day Year _____ Male=M Female=F Player=P Coach=C Coach's License Level
(Date of Birth)

Father's Name _____ Address _____

City _____ State _____ Home Phone _____ Business Phone _____

Mother's Name _____ Address _____

City _____ State _____ Home Phone _____ Business Phone _____

Email _____

Mother's Date of Birth _____
MMDD

Commitment Fee: Paid Cash
 Check
 Check Number _____

Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the U.S. Youth Soccer accepting the registrant for its soccer programs and activities (The Programs), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, 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'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 _____ Date _____

Parental Support

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager
- Parent Representative
- Board Member
- Publicity
- Committee
- Clerical
- Donor