

# US YOUTH SOCCER MEMBERSHIP FORM



## RIVERTON YOUTH SOCCER ASSOCIATION

**Rampage Travel Team Registration Fee: \$200**

Total Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Waiver \_\_\_\_\_

**I will Volunteer as** \_\_\_ **Coach** \_\_\_ **Asst Coach** \_\_\_ **Team Parent**

*Players who do not play after registering will be given a full refund if notified one week prior to the season start. Notification after that date will have state fees deducted from the refund. Refund requests must be in writing.*

P  
L  
A  
Y  
E  
R

NAME     
 Last FIRST MI

ADDRESS  CITY

ST ZIP AREA PHONE # DOB Month/Day/Year Gender

E-MAIL ADDRESS

P Father's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

A Mother's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

R Primary contact: \_\_\_\_\_

E List any medical problem or prohibition player has \_\_\_\_\_

N Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

T Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

### IMPORTANT

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

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Parent/Guardian (Please Print) Player (Please Print)

\_\_\_\_\_  
**Parent/Guardian Signature** Date \_\_\_\_\_ **Player Signature (if 18 years or older)** Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT FOR A 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 life, limb and well-being of my dependent.

**Signature of Parent or Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Date of Application \_\_\_\_\_



**PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In an emergency, when parents cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

**PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE**

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Riverton Youth Soccer Parent Code of Conduct



The purpose of the Riverton Youth Soccer Association, as set forth in the Bylaws, is

- To develop and promote the game of soccer among our youth
- To develop and sustain the spirit of character of the players
- To develop youth physically
- To collectively represent and safeguard the common interests of the participants in youth soccer.

The Riverton Youth Soccer Association has implemented the following Parent Code of Conduct for the importance of establishing the proper role of parents in supporting their child in sports. All parents are required to read, understand and sign this form prior to their child participating. It is the intent of this Parent Code of Conduct to ensure that our children are continually encouraged, that the Riverton spectators are positively representing our community and program, and that all adults involved in the program treat one another with respect and dignity.

As a parent of a Riverton Youth Soccer Association player I agree:

- To remember that children participate to have fun and that the game is for the youth.
- I, and my family, will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy toward them and others.
- I will demonstrate to my child positive support for all players, coaches, officials, and spectators at every practice and game.
- I, and my family, will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing, taunting, profane language, etc.
- I will teach my child to play by the rules and to resolve conflicts in a positive way.
- I will demand that my child treat other players, coaches, officials and spectators with respect.
- I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise my child for competing fairly and trying hard.
- I will emphasize skill development and the importance of practicing.
- I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
- I will respect the officials and their authority during games.
- I will refrain from coaching my child or other players during games and practices unless I have been appointed by the board as one of the team coaches.
- I agree to go to the coach first with concerns. To maintain the integrity of the soccer program I will not engage in malicious talk or criticism "behind the back". I will follow the steps listed below for addressing concerns.
- I will respect the coach's decisions to do what is in the best interest of the team. I agree to not question, discuss or confront the coach at the game field, but will follow the steps listed below for addressing concerns.

## Protocol for Addressing Concerns as illustrated in RYSA Program Rules and Regulations (section 4 pg 2)

The ability to resolve concerns expeditiously and satisfactorily requires all concerned to deal in good faith and with dignity and respect toward each other. As the parent of a Riverton Youth Soccer player you are agreeing to abide by and honor the established protocol for addressing concerns.

- First, I agree to communicate the concerns directly to and with the coach. If that meeting does not satisfactorily resolve the concerns then
- Second, I will communicate the concerns directly with the Competitive Program Coordinator (with the coach present, if appropriate). If that meeting does not satisfactorily resolve the concerns then
- Third, the matter is referred to the Competitive Program Committee for resolution. If that meeting does not satisfactorily resolve the concerns then
- Fourth, the matter will be presented to the RYSA Board for final resolution.

Please complete and return with registration.

Player's Name: \_\_\_\_\_

**Parent Code of Conduct**

I/We, \_\_\_\_\_, have been given a copy of, read, and fully  
(Player parents or guardians)  
understand the PARENT CODE OF CONDUCT. I agree to abide by its rules and guidelines and understand  
the disciplinary action that can be taken if not followed.

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

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## Jersey Sizing Chart

### Measuring Tips

*Chest* Measure around the widest part of the chest, just under the arms and around the shoulder blades, keeping the tape firm and level.

### Jersey Size Chart

*(Overcut for a Roomier Fit - do not size up when ordering)*

	Extra Small	Small	Medium	Large	Extra Large	XX Large
<b>Men*</b>	---	38"/40"	42"/44"	46"/48"	48"/50"	52"/54"
<b>Women</b>	---	6/8	10/12	14/16	18/20	22/24
<b>Girls/Boys*</b>	4/5 (22"/24")	6/8 (28"/30")	10/12 (32"/34")	14/16 (34"/36")	---	---

*\*Men and children's sizes based on inches in chest size.*

## Shorts Sizing Chart

### Measuring Tips

*Waist* Find the spot you prefer to wear your waistband. Measure all the way around that spot on your waist, keeping the measuring tape slightly loose and level.

### Teamwear Shorts\* Sizing Chart

	Small	Medium	Large	Extra Large
<b>Adult</b>	30"/32"	34"/36"	38"/40"	42"/44"
<b>Youth</b>	22"/24"	26"/28"	28"/30"	---

*\*Shorts sizes are unisex and based on inches in waist size.*

## Sock Sizing Chart

Challenger Teamwear Size	Corresponding Shoe Size
Adult (9 - 15)	8 - 12 1/2
Junior (8 1/2 - 11)	4 1/2 - 7 1/2
Youth (7 - 8 1/2)	12 1/2 - 4

Player Sizes needed;

Jersey \_\_\_\_\_

Shorts \_\_\_\_\_

Socks \_\_\_\_\_

## Competitive registration checklist

\_\_\_\_\_ Completed registration form.

\_\_\_\_\_ Copy of birth Certificate.

\_\_\_\_\_ Player photo.

\_\_\_\_\_ Signed parent code of conduct acceptance.

\_\_\_\_\_ Registration fees (if an issue arises and a player cannot participate prior to the season beginning a refund can be arranged, but the complete fees must accompany the registration.)