

# JUNEAU SOCCER CLUB

AYSA & USYSA Membership Form:  
October 1, 2009 – September 30, 2010

**JSC: Supported in part by CBJ Youth Activity Grant**

## Mail Form+Fees:

Juneau Soccer Club  
P.O. Box 34837  
Juneau, Alaska 99803  
Questions? 957-2313 or 463-3214



## PLAYER INFORMATION

Player Last Name		First Name (as it appears on his/her birth certificate!)		Middle Name	
Mailing Address		City	State	Zip Code	
Phone Work	Home	Cell	Birthdate mm/dd/yy	Gender (M/F)	Grade

List any medical conditions or considerations the player may have or require

## PARENT INFORMATION

Father's Name	Phone Work	Home	Cell	Email Address <b>(must include)</b>
Mother's Name	Phone Work	Home	Cell	Email Address <b>(must include)</b>

Provide the parent/guardian name, address, phone number, AND email address if the player belongs to a second household (address different than player's) that cares to receive club mailings

Person to Notify in Case of Emergency	Phone	Doctor to Notify	Phone
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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 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 \_\_\_\_\_

## MEMBERSHIP FEE SCHEDULE

**U8/U9\*** **\$100**  
(Player's 9<sup>th</sup> birthday must be *after* July 31, 2010)

**U10/U11\*** **\$150**  
(Player's 11<sup>th</sup> birthday must be *after* July 31, 2010)

-----**U12 and older**-----

**Full membership** **\$325**  
(Full year/all training + weekend practice, etc)

**Training only** **\$150**  
(HS-age ATP/Skills/GK training only)

**Limited\*** **\$150**  
(New to Club, join after 04/10)

Minimum initial payment is lesser of total fee and \$200. Balance due by January 1.  
**\* See over, or go to [www.juneausoccer.org](http://www.juneausoccer.org) for explanation of fees and scholarship info**

## CONSENT 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.

NAME \_\_\_\_\_  
Parent/Legal Guardian (PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Membership Fees	Official Use Only
1st-2nd Grade	\$100 \$ _____
3rd-4th Grade	\$150 \$ _____
Dev only	\$150 \$ _____
Comp team	\$325 \$ _____
Limited	\$150 \$ _____
Adult supporting member	\$25 \$ _____