



# QUEST SOCCER CLUB

## Player Registration Form

P.O. Box 534, Deer Park, Texas 77536 • Web: [www.questysc.org](http://www.questysc.org) • E-Mail: [info@questysc.org](mailto:info@questysc.org)

### THIS SECTION TO BE COMPLETED BY QUEST YSC REGISTRATION OFFICIAL ONLY

Registration Fee: \$ \_\_\_\_\_  
 Buyout  F/R  Fee: \$ \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_  
 Cash  Check  Check # \_\_\_\_\_ Name on Check: \_\_\_\_\_  
 Paid in Full  If not, comment: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Age Group : U-\_\_\_\_\_ Age Verified by: \_\_\_\_\_

United States Soccer Federation (USSF)  
Fédération Internationale de Football Association (FIFA)

Date of Birth: \_\_\_\_\_  
 Month Day Year  
 Male  Female

Has child played soccer previously?  Yes  No If yes, where? \_\_\_\_\_  
 Did child play in Quest last Fall?  Yes  No If yes, team played for last year? \_\_\_\_\_  
 Does player wish to return to the same team?  Yes  No

Name on Birth Certificate: \_\_\_\_\_  
 Last First Initial Nickname  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Has address or phone changed since last fall?  Yes  No

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child lives with:  Mother  Father  Other \_\_\_\_\_  
 List any medical problems or prohibition player has: \_\_\_\_\_  
 Person to notify in an emergency, other than parent: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Uniform Size</b>	Other children in family presently in league: Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____
SHIRT <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
SHORTS <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
SOCKS <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

**Parental Support**

We ask for active participation of all parents in our program. Please check areas in which you are willing to help:  
 Coach  Asst Coach  Team Parent  Field Preparation  Referee  Concessions  Sponsorship  Tournaments

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 by 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent /Legal Guardian (please print)

**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.

Signature of parent or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_