QUEST Youth Soccer Club

Player Registration Form

P.O. Box 534, Deer Park, Texas 77536 ▪ Web: www.questysc.org ▪ E-Mail: info@questysc.org

United States Youth Soccer Association

Youth Division of the

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

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: _____

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: _____

Uniform Size

SHIRT ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL

SHORTS ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL

SOCKS ☐ XS ☐ S ☐ M ☐ L ☐ XL

Other children in family presently in league:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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: _____