



INDIVIDUAL ADULT MEMBERSHIP

Eastern District Division One Association



Proud Member of South Texas Youth Soccer Association
and U.S. Youth Soccer Association



The Game for All Kids!

TEAM INFO

Team Code:

Assn. Club Level Sex Age Team No.

Sex: Girls = 1 Boys = 0 Age: U-12 = 12 U-16 = 16 Previously Registered EDDOA Teams Only.

Team Name: _____

ADULT INFORMATION

Position: Head Coach Assistant Coach Manager Trainer Volunteer Coaching License: _____

Please Note: Only 1 person is allowed to be listed as a Head Coach and/or Manager

Adults LastName: _____ First: _____ Middle Initial: _____

Use Name As It Appears on Birth Certificate Only ---- Do Not Use Nick-Names

Month: _____ Day: _____ Year: _____

Mailing Address: _____ Male Female

City: _____ State: _____ Zip Code: _____

() () ()

Area Code Home Phone Area Code Business Phone Area Code Other Phone

Cell Pager

Home Email Address: _____

Business Email Address: _____

Kid Safe ID#: _____

All adults must register with STYSA's KidSafe Program and a valid KidSafe Id# must be issued before a Membership Pass can be printed. If your currently not registered, please visit STYSA's web site, <http://www.stxsoccer.org>, and complete the online registration form. After submitting the form you will be given a confirmation number this number will be your KidSafe Id#. Please enter this number in the space provided above.

CODE OF CONDUCT AND RESPONSIBILITIES

REQUIRED

I understand that in signing this application that; I affirm that the information above is true and correct; and that upon receipt of my membership pass that I will be considered an adult member of USYSA, STYSA, EDDOA and any of their affiliated organizations (the "Organizations"); and an official team representative of the above listed team.

I understand that I can be held accountable for the actions of the members of this team and any other team I am associated with as set forth in the Rules of Competition and the Discipline, Protest, and Grievance Procedures of the Organizations and that I will abide by the rules of the Organizations .

I also understand and affirm that as a responsible adult member of the Organizations, that I am expected to and will treat all players, coaches, administrators, parents and referees with the respect and courtesy I desire for myself; and that any dissatisfaction I want to express will be stated in a private forum and in a restrained and civil manner; and I will also respect and honor the beliefs and sensitivities of all players, coaches, parents, administrators, and referees.

I will see that my team understands that if any member of the team is found using or in possession of drugs, alcohol or in violation of the Rules and/or Policies, while participating in any sanctioned Organizations' event, the result may be the team's immediate removal from said event and/or being placed in "Bad Standings" with the Organizations.

Also in signing I affirm that I recognize the possibility of physical injury associated with soccer and in consideration for the Organizations accepting the registrant, for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the 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 and from the same, which transportation I hereby authorize.

Signature of Applicant: _____ Date: _____