



Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)

Montana ODP  
1627 W. Main St.  
STE. 167  
Bozeman, MT  
59715-4011

**Write check to: MYSA ODP**

Mail application, copy of birth certificate and check to Craig Stewart at above address

# Registration

I.D.# \_\_\_\_\_

FORM REVISED: MAY 4, 2004

REGION <b>IV</b>	STATE <b>MT</b>	DISTRICT CODE <b>2A</b>	LEAGUE CODE <b>U-</b>	CLUB CODE	AGE GROUP	BOYS=B GIRLS=G	COMP=C REC=R
LEAGUE NAME <b>Montana Youth Soccer Association</b>							
CLUB NAME <b>Montana Olympic Development Program</b>							
TEAM NAME _____							
<input type="checkbox"/> NEW		<input type="checkbox"/> RETURN		<input type="checkbox"/> SECOND ROSTER		TRANSFERS: <input type="checkbox"/> PREVIOUSLY ROSTERED <input type="checkbox"/> INTER-STATE <input type="checkbox"/> INTER-NATIONAL	

## Name as it appears on the Birth Record:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE & TELEPHONE \_\_\_\_\_ MALE=M \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
FEMALE=F \_\_\_\_\_

PLAYER=P \_\_\_\_\_ COACH LICENSE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

LIST ANY MEDICAL CONDITION OR PROHIBITION FROM PLAYING \_\_\_\_\_

PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

NUMBER OF PRIOR SEASONS PLAYED \_\_\_\_\_ LAST TEAM \_\_\_\_\_

DATE OF LAST SEASON \_\_\_\_\_ LAST LEAGUE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

UNIFORMS			OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN ODP		
	YOUTH	ADULT	NAME	AGE	
JERSEY:	XS S M L XL	XS S M L XL 2X	_____	_____	
SHORTS:	XS S M L XL	XS S M L XL 2X	_____	_____	
SOCKS:	XS S M L XL	XS S M L XL 2X	_____	_____	

PLAYER 08-09 FEE **\$75.00**

RCVD BY \_\_\_\_\_

DATE \_\_\_\_\_

CHECK NO. \_\_\_\_\_

## Important

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

\_\_\_\_\_  
SIGNATURE OF PLAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## ODP Statistic Info

To be shared with college recruiters:

High School \_\_\_\_\_

Grade \_\_\_\_\_

GPA \_\_\_\_\_

ACT Score \_\_\_\_\_

SAT Score \_\_\_\_\_

Field Position

Primary \_\_\_\_\_

Secondary \_\_\_\_\_

## CONSENT for MEDICAL TREATMENT

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/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
NAME OF INSURED

\_\_\_\_\_  
POLICY NUMBER(S)

NOTARY SEAL REQUIRED