

## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name:			City:				State:		
League Name:									
I hereby consent to only one US Club the player is with t	Soccer member	club at any time.	Note: it will no	ot be	necessary to	complete this f			
Player's Signature		Date		Parer	nt/Guardian Si	gnature	Da	te	
		PLAYER'S	MEDICAL I	NF	ORMATION				
Player's Name:	Player's Name:			Birth Date:			Gender: Female Male		
Street Address:					City:				
State:	Zip :	Email Address:							
Parent Name:			Home Phone:	(	)	Bus Phone:	(	)	
Email Address:			Cell Phone:	(	)	Receive texts?	Yes	No	
Parent Name:			Home Phone:	(	)	Bus Phone:	(	)	
Email Address:			Cell Phone:	(	)	Receive texts?	Yes	No	
In an emergency	when parent/g	uardian cannot b	e reached, pl	ease	e contact the	following:			
Name:			Phone 1:	(	)	Phone 2:	(	)	
Name:			Phone 1:	(	)	Phone 2:	(	)	
Please list player alle	ergies:								
Please list other med	lical conditions:								
Physician:			Phone 1:	(	)	Phone 2:	(	)	
Medical/Hospital Insu	urance Company:					Phone:	(	)	
Policy Holder's Name	e:					Policy Number:			

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the



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applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature:	Date:	Relation to player: Far	ther Mother	Guardian
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