



# YOUTH PLAYER REGISTRATION FORM

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

Club Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 League Name: \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

\_\_\_\_\_  
 Player's Signature Date Parent/Guardian Signature Date

## PLAYER'S MEDICAL INFORMATION

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/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please list Allergies the player has: \_\_\_\_\_  
 Please list other medical conditions: \_\_\_\_\_

Physician _____	Phone 1 _____	Phone 2 _____
Medical/Hospital Insurance Company _____	Phone _____	
Policy Holder's Name _____	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 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: Father Mother Guardian