



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 the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [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.]

/s/ _____ /s/ _____
Player's Signature Date Parent/Guardian Signature Date

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ Birth Date: _____ Gender: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____

Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive Texts? _____
Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive Texts? _____

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 player allergies: _____
Please list other medical conditions: _____

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

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.

/s/ _____
Signature: _____ Date: _____ Relation to player: _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

First Name: _____ Last: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's First Name: _____ Last: _____ Home Ph #: _____

Mother's First Name: _____ Last: _____ Home Ph #: _____

In an emergency, when parents cannot be reached, please contact:

First Name: _____ Last: _____ Home Ph #: _____

First Name: _____ Last: _____ Home Ph #: _____

Allergies: _____

Other Medical Conditions: _____

Physician First Name: _____ Last: _____ Home Ph #: _____

Work Ph #: _____

Medical and/or Hospital Insurance Co.: _____ Office Ph #: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

 /s/
Signature of Parent/Guardian

Date