



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. [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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent Name: _____ | Home Phone: () _____ | Bus Phone: () _____ |
| Email Address: _____ | Cell Phone: () _____ | Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> 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