

Classic Soccer Club
Player Registration Form 2019 - 2020

Team Information:

Team Name: _____ Age Group: _____
Girls or Boys

Coach: _____ Asst. Coach: _____

League: Port Of Subs Open League / Other: _____

Player Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: (_____) _____ Date of Birth: ____/____/____

Family Email: _____ Player Email: _____

Mom/ Legal Guardian: _____ Cell Phone #: (_____) _____

Dad/ Legal Guardian: _____ Cell Phone #: (_____) _____

Other Emergency Contact: _____ Cell Phone # (_____) _____

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

Name _____
Print Name of Parent/Guardian or player if 18 or older

X _____
Signature Date

CONSENT FOR MEDICAL TREATMENT AND TRANSPORTATION

•As the parent/legal guardian of the above named player, I request that in my absence the above-named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent. I have not been given a guarantee as to the results of examination or treatment, but agree to be financially responsible for the cost of such assistance/treatment.

•The undersigned, parent/guardian of the above named player, does hereby authorize any officer, teacher, or coach, agents of USYAS and or US Club Soccer to transport as required the above minor to and from association sponsored activities including, but not limited to athletic and social events.

Please list any medical conditions, allergies, and/or medications:

Name _____
Print Name of Parent/Guardian or player if 18 or older

X _____
Signature Date

Medical Release Notary
Subscribed and sworn to me this day of: _____

My Commission Expires: _____
Month Day Year

X _____
Notary signature

Notary Stamp