

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.				
		City:		State:
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.]				
Parent/Guardian Signature			lian Signature	Date
PLAYER'S MEDICAL INFORMATION				
В	irth Da	ite:	Gender:	Female Male
		Cit	y:	<u> </u>
Home Phone:	: ()	Bus Phone:	()
Cell Phone:	()	Receive texts?	Yes No
Home Phone:	: ()	Bus Phone:	()
Cell Phone:	()	Receive texts?	☐Yes ☐No
	oleas (e conta	_	()
Phone 1:	()	Phone 2:	()
		<u> </u>		· · ·
Phone 1:	()	Phone 2:	()
			Phone:	()
			Policy Number:	
MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER				
r of medicion of treatrements and transpove considered to affiliated claim by or and treatrements.	ne or nent trea ortati der it e, dis orga r on	dentist and again and again of to be well and again and again agai	try or associated portion to be financially for injury will be be the applicant/particle warranted. I recogner, and otherwise incomes, and the employ of the soccer playe	ersonnel provide the y responsible for the ased on information cipant to a medical size the possibility of demnify the club, US yees and associated r named above as a
	Home Phone: Cell Phone: Home Phone: Cell Phone: Phone 1: Phone 1: Phone 1: Phone 1:	Home Phone: (Cell Phone: (Cell Phone: (Cell Phone: (Phone 1: (Phone 1: (Chone 1: (Chone 1: (Chone 2: (Chone 3: (Chone 4: (Chone 4: (Chone 5: (Chone 6: (Chone 6: (Chone 6: (Chone 7: (reg me with US Club Socce [Note: it will not be necess unless requested by US C Parent/Guard	City: g me with US Club Soccer. I understand that I [Note: it will not be necessary to complete this funless requested by US Club Soccer.] Parent/Guardian Signature MEDICAL INFORMATION Birth Date: Gender: City: Home Phone: () Bus Phone: Cell Phone: () Receive texts? Home Phone: () Bus Phone: Cell Phone: () Receive texts? e reached, please contact the following: Phone 1: () Phone 2: Phone 1: () Phone 2: Phone 1: () Phone 2: Phone: Policy Number: