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CLUB REGISTRATION CONFIRMATION

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			City		Slale	
I hereby consent to the above US Club Soccer member club this club; which will hold this for	at any time. [Note: it w	Il not be necessary to co				
Player's Signature	Date	Parent	Parent/Guardian Signature Date			
	PLAYER'	MEDICAL INFOR	RMATIO	N		
Player's Name			Birth Date			
Street Address		City	City		Zip	
Father's Name Mother's Name		Home Phone (Home Phone ()	Bus Phone Bus Phone	()	
In an emergency when parent Name	guardian cannot be rea	Ached, please contact the Home Phone (following:	Bus Phone	()	
Name		Home Phone ()	Bus Phone	()	
Allergies Other Medical Conditions						
Physician		Home Phone ()	Bus Phone	()	
Medical/Hospital Insurance Co			Phone ()		
Policy Holder's Name			Policy Num	ber		

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	
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(Relation to player: father, mother, guardian)