



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to 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, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



YOUNG SPORTSMEN'S SOCCER LEAGUE

P O Box 724, Arlington Heights, IL 60006-0724

847-818-1440

www.yssl.org

PLAYER COMMITMENT FORM

Soccer Year Fall 2018 - Spring 2019

Club Name: _____

Team Name: _____ Team U-age: _____

Player's First Name _____ Last Name _____

Birthday MM/DD/YYYY _____

Player's Address: _____

City: _____ State: _____ Zip: _____

Primary Email _____

Secondary Email _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Jersey # (required on the YSSL site) _____

Father's Name: _____ Mother's Name: _____

PROOF OF AGE required for players **NEW** to the YSSL:

Government Issued Birth Certificate Passport

By signing this document I have indicated that I (or my child) has not registered with any other IYSA registered team for the above indicated playing year and is committed to playing for only this team for the entire soccer year (Fall and Spring).

Player's Signature _____ Date _____

Parent's Signature _____ Date _____

Club/Coach Signature _____ Date _____

This Player Registration Form must be kept on file by the club for the **current** playing year.



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: **Chicago Rush Soccer Club** City: **Chicago** State: **IL**

League Name: **Nothern Illinois Soccer League**

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.]

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? Yes No

Parent Name: _____ Home Phone: () _____ Bus Phone: () _____

Email Address: _____ Cell Phone: () _____ Receive texts? Yes 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 player allergies: _____

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



NORTHERN ILLINOIS SOCCER LEAGUE

545 Consumers Avenue, Palatine, IL 60074 ♦ Telephone # 847-398-4545 ext 106-108 ♦ Fax # 847-398-4593

30 YEARS OF EXPERIENCE IN ADMINISTRATION & DEVELOPMENT OF COMPETITIVE YOUTH SOCCER
WE PROVIDE THE BEST SERVICE TO THE BEST ORGANIZATIONS

★ PLAYER REGISTRATION FORM ★

NEW PLAYER

RETURNING PLAYER

CLUB NAME: _____

AGE DIVISION: _____ TEAM NAME: _____

GENDER OF TEAM:

MALE

FEMALE

PLAYERS REGISTRATION ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLAYERS FIRST NAME: _____ MIDDLE INITIAL: _____

PLAYERS LAST NAME: _____

PLAYERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLAYERS PHONE NUMBER: _____

BIRTHDATE: ____ / ____ / ____

GENDER

MALE

FEMALE

PLAYERS EMAIL ADDRESS: _____

FATHER

MOTHER

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

PROOF OF AGE PROVIDED

PREVIOUS PASS ENCLOSED

PASS NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

THIS PLAYER IS NOT REGISTERED WITH ANY OTHER US CLUB SOCCER REGISTERED TEAM / CLUB THIS PLAYING YEAR

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I (OR MY CHILD) IS OBLIGATED TO PLAY FOR ONLY THIS TEAM UNTIL AN APPLICABLE RELEASE FOR ANOTHER TEAM OR CLUB IS OBTAINED

PLAYERS SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____

COACHES SIGNATURE: _____ DATE: _____