# 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:** St Pauls Soccer Association City: Lumberton State: NC

**League Name:** No League Affiliation (Tournament/Showcase Team Only)

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