

# Raytown Soccer Club

## Coach/Manager/Board Member Membership Form

Team Name \_\_\_\_\_

Head Coach \_\_\_\_\_ Coach License # \_\_\_\_\_

Asst Coach \_\_\_\_\_ Coach License # \_\_\_\_\_

Manager \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ Cell \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emer. Contact Phone \_\_\_\_\_

Recognizing the possibility of injury or illness, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors including Raytown Soccer Club, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim as a result of my participation in the Programs.

Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of myself as a result of my participation in the Programs and/or being transported to or from the Programs.

I have received a physical examination by a licensed medical doctor and have been found physically capable of participating in the Programs. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that I have that may impact my participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide me with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment. My signature below indicates that I have read and understand the terms above and sign below voluntarily.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_