716 8th Ave. North
Myrtle Beach, SC 29577
Phone: (843) 429-0006
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Website: www.usclubsoccer.org

# YOUTH CLUB REGISTRATION CONFIRMATION

**Player's Name:**

**Team Name:**

Birth Date (Fecha de Nac.) Month (Mes) - Day (dia) - Year (año)

**Age Group** (circle one): U08 U09 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19 U20

**Club Name:** **Inner City Soccer** **City**: Houston **State:** TX

**League Name:** **Inner City Soccer**

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.]

X _____ _____ X _____ _____

***Player's Signature*** ***Date*** ***Parent/Guardian Signature*** ***Date***

## PLAYER'S MEDICAL INFORMATION

Player's Street Address: City: Player's Gender ☐ Male ☐ Female

State: Zip : Email Address:

Parent Name: Home Phone: ( ) Wrok Phone: ( )

Email Address: Cell Phone: ( ) Receive texts? ☐Yes ☐No

Parent Name: Home Phone: ( ) Work 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 Allergies the player has:

Please list other medical conditions:

Doctor's Name: 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.

***Adult Signature*** X_____ ***Date*** _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian