

**Player's Information**

**Emergency Phone Numbers:**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Birthdate	
<input type="text"/>	<input type="text"/>	
<input type="radio"/> Male    Name of Coach (If known)		
<input type="radio"/> Female <input type="text"/>		

**Mom's Information**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number		
<input type="text"/>		
Work Phone Number		
<input type="text"/>		
Home Phone Number		
<input type="text"/>		

**Dad's Information**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number		
<input type="text"/>		
Work Phone Number		
<input type="text"/>		
Home Phone Number		
<input type="text"/>		

**EMERGENCY CONTACT PERSON OTHER THAN MOTHER OR FATHER**

First Name	MI	Last Name	Relationship to Player	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**MEDICAL INFORMATION:** The club and its affiliates reserve the right to request a medical release form from the registrant's medical doctor prior to the registrant practicing or playing for the club.

Physician's First Name	Last Name	Physician's Phone Number	Physician's Street Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

**Known allergies or medical problems**

<input type="text"/>
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**IMPORTANT:**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Please print or type name of Parent/Guardian

Signature of Parent/Guardian

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Parent's/Legal Guardian's (please print or type) Consent for Medical Treatment (minor)**

I/We the Parents/Guardian's of  hereby certify that my/our child is physically fit to play travel soccer and has approval to participate in all Greenbush Youth Soccer Clubs' activities. In my/our absence, the Greenbush Youth Soccer Club or its agents are authorized to obtain medical care as deemed necessary for the safety and well being of my/our child. Individual health and accident insurance or coverage is the responsibility of the parent or guardian.

**Signature of Parent/Guardian:**

Date

<input type="text"/>	<input type="text"/>
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**Medical Insurance Co.**

**Medical Insurance Co. ID#**

<input type="text"/>	<input type="text"/>
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