

PLAYER INFORMATION		PRINT NAME AS IT APPEARS ON PLAYER'S BIRTH CERTIFICATE.								
Last Name	First Name	MI	Date of Birth	Gender: M F						
Address		City		State	Zip Code					
Home Phone	Cell Phone	Other								
School	Email Address									
Please check appropriate size	Jersey Shorts	Youth XS__	S__	M__	L__	XL__	Adult S__	M__	L__	XL__

PARENT INFORMATION			
Father Name	Home Phone	Cell Phone	Work Phone
Mother Name	Home Phone	Cell Phone	Work Phone
Legal Guardian Name	Home Phone	Cell Phone	Work Phone
PERSON TO NOTIFY IN CASE OF <b>EMERGENCY</b> OTHER THAN PARENT(S)			Phone

### IMPORTANT

I, the parent/legal guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities, including but not limited to athletic and social events of the USYSA Parties ("the Programs") and \_\_\_\_\_, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties and \_\_\_\_\_, owners, operators, coaches / trainers, independent contractors, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, independent contractors and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties and all above mentioned parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

I hereby grant \_\_\_\_\_ permission to use names / photograph(s) / video of the below named player and myself in any and all publications and all other media, whether now known or hereafter existing, in perpetuity, and for other use by \_\_\_\_\_. I will make no monetary or other claim against \_\_\_\_\_ for the use of information and photograph(s) / video.

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

\_\_\_\_\_ Player Signature \_\_\_\_\_ Date

\_\_\_\_\_ Print Parents/Legal Guardian Name

\_\_\_\_\_ Parent/ Legal Guardian Signature \_\_\_\_\_ Date

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency Medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I further request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis/treatment. I authorize all diagnostic/treatment/operative/x-ray procedures of the above minor. I have not been given a guarantee as to the results of examination/treatment. I authorize disposal of any specimen or tissue taken from the above named player. **PLAYER MEDICAL PROBLEMS / KNOWN MEDICATION ALLERGIES / OTHER**

ALLERGIES: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_  
Parent or Legal Guardian

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL RELEASE NOTARY** (Recommended for In-State play, Required for out-of state)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared Parent/Legal Guardian listed above whose identity was proven to me on the basis of evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

My Commission Expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_

**CLUB USE ONLY** Age Group \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Team Name \_\_\_\_\_ Player Number \_\_\_\_\_

√ RECEIVED: Birth Certificate \_\_\_\_\_ Head Injury Consent \_\_\_\_\_ Code of Conduct \_\_\_\_\_

E\_\_ GS\_\_

Registration Fee: \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_