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

YOUTH CLUB REGISTRATION CONFIRMATION

League Club Name: SDL Team Name: City: Plano State: Texas

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.] By my signature, and of my free will, I the parent/guardian of the registrant, a minor, agree that recognizing the possibility of physical injury associated with soccer and in consideration for the Dynamic Youth Sports Programming LLC (DYSP) accepting the registrant for its soccer league and activities, I hereby agree to indemnify and save harmless DYSP LLC its affiliated organization and sponsors, their members and employees and associated personnel, and all third parties including federal, state and local government agencies that provide services directly or indirectly to the DYSP LLC and its SDL including fields utilized by the SDL from any and all claims or demands, cost or expenses arising out of any injuries or damage sustained by me or any party I am responsible to or for.

_____ _____ _____ _____

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

PLAYER'S MEDICAL INFORMATION

Player's Name Birth Date

Street Address City State Zip

Email Address

Father's Name Home Phone ( ) Bus Phone ( )

Mother's Name Home Phone ( ) Bus Phone ( )

In an emergency when parent/guardian cannot be reached, please contact the following:

Name Home Phone ( ) Bus Phone ( )

Name Home Phone ( ) Bus Phone ( )

Allergies

Other Medical Conditions

Physician Home Phone ( ) Bus Phone ( )

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)