

## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or he player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name:	Pleasure Island Soccer Associat	on	City:	Carolina Beach	State:	NC
League Name:	PISA 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.]						
Player's Signature Date		ate	Parent/Guardian Signature		Date	
PLAYER'S MEDICAL INFORMATION						
Player's Name:		Bi	rth Date:	Gender:	☐ Female ☐	☐ Male
Street Address:			Cit	V:		_
State:	Zip: Email .	Address:		,		
Parent Name:		Home Phone:	( )	Bus Phone:	( )	
Email Address:		Cell Phone:	( )	Receive texts?	☐Yes ☐	No
Parent Name:		Home Phone:	( )	Bus Phone:	( )	
Email Address:		Cell Phone:	( )	Receive texts?	Yes	No
In an emergen Name: Name: Please list Allergies Please list other me		Phone 1: Phone 1:	lease conta	ct the following: Phone 2: Phone 2:	( )	
1 10000 1101 01101 1111	odiodi odilationo.					
Physician		Phone 1	( )	Phone 2	( )	
Medical/Hospital In	surance Company			Phone	( )	
Policy Holder's Na	me			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						
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