



US Club Soccer Form R002
Player Information, Medical Treatment Authorization,
Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Member Organization / Club Name: _____ **State:** _____

Player information:

Full name:	Birth Date:	Gender:
_____	_____	_____
Street address:		City: San Marcos
_____	_____	_____
State:	ZIP Code:	Email address (for adult player only):
_____	_____	_____
Allergies:		

Other medical conditions:		

Physician:	Phone #1:	Phone #2:
_____	_____	_____
Medical/Hospital Insurance Company:		Phone #: ()
_____		_____
Policy Holder's Name:		Policy Number:
_____		_____

To be completed for non-adult players:

Parent/Guardian #1 Name:	Phone #1:	Phone #1 Type:
_____	_____	_____
Email Address:	Phone #2:	Phone #2 Type:
_____	_____	_____
Parent/Guardian #2 Name:	Phone #1:	Phone #1 Type:
_____	_____	_____
Email Address	Phone #2: ()	Phone #2 Type:
_____	_____	_____

In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:

Name:	Phone #1:	Phone #2:	()
_____	_____	_____	_____
Name:	Phone #1:	Phone #2:	()
_____	_____	_____	_____

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

Medical Treatment Authorization and Liability Waiver/Release: I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above 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, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

Privacy Policy & Terms of Use: I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usclubsoccer.org. The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

AGREED AND ACCEPTED: I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment
 Signature of player (if an adult) or parent/guardian (if player is a minor) _____ Relation to player (if applicable) _____

Printed name of signee

Date.

IMPORTANT NOTICE: ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org].