

## <u>US Club Soccer Form R002</u> 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:	
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 contac	t the following:
Name:	Phone #1: ( )	Phone #2: ( )
Name:	Phone #1: ( )	Phone #2: ( )
applicable, to have an athletic trainer, coach, team in each case, their associated personnel provide the for the cost of such assistance and/or treatment. I authorize emergency transportation of the player, at to be warranted. I acknowledge and understand the inherent in playing soccer. These types of injuries rebelow, I certify that the player received all necessare the maximum extent permitted by law, I hereby Association of Competitive Soccer Clubs (dball and the employees and associated personnel of	Waiver/Release: I hereby give my consent, on my commanager, emergency medical technician, physician, the player identified above with medical assistance and understand treatment for injury will be based, at least player or parent/guardian's expense, to a healthcare at certain risks of injury (including, but not limited to, commay result from the player's actions, the actions or inary medical clearances to participate fully in all US Club by agree to release, waive, hold harmless and in US Club Soccer), its agents, contractors and sponse these organizations, against any claim by or on be ms and/or being transported to or from the same, the same, the same of t	nurse, dentist, or other healthcare professional and, /or treatment and agree to be financially responsible st in party, on information provided herein. I hereby e facility should an individual listed above consider it concussions, other serious bodily injury or death) are actions of others, or a combination of both. In signing Soccer programs without restriction or condition. To ademnify the member organization, the National sors, U.S. Soccer and its affiliated organizations, ehalf of the player named above as a result of the
(collectively, the "Policy"), available at usclubsocce player information. In signing below, you agree on y successor Policy then-in-effect.	and agree that I have read, understand and agree to r.org. The Policy describes US Club Soccer practices your own behalf or on behalf of your child or guardian, except all terms and conditions set forth in this Player Ir	for collecting, maintaining, protecting and disclosing as applicable, to the provisions of the Policy and any
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].