



**REVOLUTION UNITED
REGISTRATION & MEDICAL RELEASE FORM**

Seasonal Year: _____ Player's Name _____ Team _____ /U- _____

Address _____ Zip _____ Phone _____

Date of Birth _____ School _____ Grade _____

Mother _____ Phone (H) _____ (W/C) _____

Father _____ Phone (H) _____ (W/C) _____

E-mail address/es: _____

Physician _____ Phone _____

Dentist _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

Insurance Company _____ Policy # _____

Ins. Co. Address _____

Preferred Hospital _____ Allergies _____

Medications Taken & Dosage _____

Medical Condition(s) to be aware of _____

CONDUCT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and its affiliated organizations and sponsors, and by the Revolution United FC

MEDICAL RELEASE Recognizing the possibility of physical injury associated with soccer and in consideration for US Club Soccer and USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify US Club Soccer and the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize.

MEDICAL TREATMENT As the parent or legal guardian of the registrant, I hereby give my 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.

PHOTO RELEASE I hereby grant Revolution United FC, LLC. permission to use the "above" likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Revolution United FC, LLC and will not be returned. No contact info or identifying information such as the player's name will be used.

Parent/Guardian _____ Date _____

Player _____ Date _____