



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

## YOUTH CLUB REGISTRATION CONFIRMATION

**Club Name:** Fargo Soccer Club **City:** Fargo **State:** ND  
**League Name:** N/A

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** **Parent/Guardian Signature** **Date**

### PLAYER'S MEDICAL INFORMATION

**Player's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Gender:**  Female  Male  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip :** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Parent Name: _____	Home Phone: ( ) _____	Bus Phone: ( ) _____
Email Address: _____	Cell Phone: ( ) _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name: _____	Home Phone: ( ) _____	Bus Phone: ( ) _____
Email Address: _____	Cell Phone: ( ) _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Please list Allergies the player has: \_\_\_\_\_  
 Please list other medical conditions: \_\_\_\_\_

Physician _____	Phone 1 ( ) _____	Phone 2 ( ) _____
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