

PLAYERS:

I will conduct myself in a manner respecting the facilities; other players, referees and the coaching and administrative staff of the Spencerport Soccer Club, RDYSL and NYSW in accordance with USYSA while I am participating in sanctioned games or tournaments. I understand that if I am found to be using or in possession of drugs or alcohol or in violation of the rules and regulations of the SCS, RDYSL, NYSW or other hosting facility, that this shall result in my immediate ejection from the program. I also understand and accept the fact that my parents will be responsible for making the necessary travel arrangements and shall bear all financial responsibility for my removal.

Players Signature _____

PARENTS APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of injury associated with soccer, I hereby release, discharge and or otherwise indemnify the USSFUSYSA, 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 registrants participation in the programs and or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and had been found physically capable of participating in the programs. I hereby give my consent to have an athletic trainer and or doctor of medicine or dentistry provide my son/daughter with medical assistance and or treatment.

By signing below, I give permission to The Spencerport Soccer Club, its coaches, assistant coaches or managers, to obtain any necessary medical treatment, including transportation to a medical facility, in the event that I am unable to be contacted. This includes any practices, games or tournaments. I also acknowledge that I will be held financially accountable for any fees imposed by the NYS Referee Association, in accordance with RDYSL rules and regulations, due to my or my child's game time conduct. (Red cards, spectator ejection etc.)

Parents Signature _____

**This section MUST be completed; information with signature is required to be on file.
PLEASE PRINT**

Physicians Name _____ Phone Number _____

Insurance Company _____ Name of Policy Holder _____

Hospital Preference _____

Allergies/other info _____

Emergency Contact other than Parent/Guardian

Name _____ Relationship _____

Phone _____