

<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:	☐ Female ☐ Male
Street address:	City:		
State: ZIP Cod	de: 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	9:
In an emergency, for an adult player or	when a parent/guardian cannot be reached, please contact t	the following:	
Name:	Phone #1: ()	Phone #2:	()
Name:	Phone #1: ()	Phone #2:	()
in each case, their associated personnel p for the cost of such assistance and/or trea authorize emergency transportation of the to be warranted. I acknowledge and under inherent in playing soccer. These types of below, I certify that the player received all the maximum extent permitted by law, Association of Competitive Soccer Club and the employees and associated persplayer's participation in US Club Soccer Privacy Policy & Terms of Use: I acknowledge to the collectively, the "Policy"), available at usel	ach, team manager, emergency medical technician, physician, no provide the player identified above with medical assistance and/of atment. I understand treatment for injury will be based, at least a player, at player or parent/guardian's expense, to a healthcare is restand that certain risks of injury (including, but not limited to, continjuries may result from the player's actions, the actions or inact necessary medical clearances to participate fully in all US Club St., I hereby agree to release, waive, hold harmless and independent of these organizations, against any claim by or on being transported to or from the same, we owledge and agree that I have read, understand and agree to be slubsoccer.org. The Policy describes US Club Soccer practices for gree on your own behalf or on behalf of your child or guardian, as	r treatment and agree in party, on informat facility should an individual street in party, on informat facility should an individual street in sort of others, or a confector programs with the member ors, U.S. Soccer and half of the player nan hich transportation of the collecting, maintaining the interval of the soccer's Prior collecting, maintaining in party of the player in the collecting, maintaining in party of the player in the collecting, maintaining in party of the player in the collecting, maintaining in party of the player in the collecting in the collect	to be financially responsible ion provided herein. I hereby vidual listed above consider it is bodily injury or death) are ombination of both. In signing out restriction or condition. To organization, the National its affiliated organizations, ned above as a result of the I hereby authorize.
AGREED AND ACCEPTED: I hereby agree Liability Waiver/Release, and Consent For Signature of player (if an adult) or parent/g			atment Authorization,
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].