

<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:	С	ity:
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 p	parent/quardian cannot be reached, please co	ntact 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, a to be warranted. I acknowledge and understand that inherent in playing soccer. These types of injuries in below, I certify that the player received all necessary the maximum extent permitted by law, I hereb Association of Competitive Soccer Clubs (dba L	manager, emergency medical technician, physic e player identified above with medical assistance understand treatment for injury will be based, at t player or parent/guardian's expense, to a health at certain risks of injury (including, but not limited may result from the player's actions, the actions of y medical clearances to participate fully in all US of y agree to release, waive, hold harmless and US Club Soccer), its agents, contractors and sthese organizations, against any claim by or contractors.	my own behalf or on behalf of my child or guardian, as ian, nurse, dentist, or other healthcare professional and, and/or treatment and agree to be financially responsible t least in party, on information provided herein. I hereby heare facility should an individual listed above consider it to, concussions, other serious bodily injury or death) are or inactions of others, or a combination of both. In signing Club Soccer programs without restriction or condition. To dindemnify the member organization, the National ponsors, U.S. Soccer and its affiliated organizations, on behalf of the player named above as a result of the me, which transportation I hereby authorize.
(collectively, the "Policy"), available at usclubsoccer	org. The Policy describes US Club Soccer pract our own behalf or on behalf of your child or guard	ee to US Club Soccer's Privacy Policy & Terms of Use cices for collecting, maintaining, protecting and disclosing lian, as applicable, to the provisions of the Policy and any yer Information, Medical Treatment Authorization,
Signature of player (if an adult) or parent/guardian (if player is a minor) Relation to playe	er (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].