

## <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	n Date:	Gender:	☐ Female ☐ Male
Street address:		City:		
State: ZIP Code:	Email address (for adult pla	ayer 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 Typ	e:
Email Address:	Phone #2:	( )	Phone #2 Typ	
Parent/Guardian #2 Name:	Phone #1:	( )	Phone #1 Typ	
Email Address:	Phone #2:	( )	Phone #2 Typ	
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In an emergency, for an adult player or v		ed, please conta		, ,
Name:	Phone #1:	( )	Phone #2:	( )
Name:	Phone #1:	( )	Phone #2:	( )
Medical Treatment Authorization and L applicable, to have an athletic trainer, coa 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 To the maximum extent permitted by la Association of Competitive Soccer Club and the employees and associated pertite player's participation in US Club Soc Privacy Policy & Terms of Use: I acknow "Policy"), available at usclubsoccer.org. The F below, you agree on your own behalf or on behalf agree Liability Waiver/Release, and Consent Forr	ich, team manager, emergency medical tect rovide the player identified above with mediatment. I understand treatment for injury will player, at player or parent/guardian's experstand that certain risks of injury (including, injuries may result from the player's actional necessary medical clearances to participate, I hereby agree to release, waive, how the some of these organizations, against accer programs and/or being transported all players and accept all terms and conditions set for each of accept all terms and conditions set for each of accept all terms and conditions set for each of accept all terms and conditions set for each of accept all terms and conditions set for each of accept all terms and conditions set for each of accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions set for each of the accept all terms and conditions accept all terms are accept all terms and conditions accept all terms are accept all terms and conditions accept all terms are accept all terms and conditions accept all terms and conditions accept all terms are accept all terms and conditions accept all terms are accept all terms and conditions accept all terms are accept all terms and accept all terms are accept all terms and accept all terms accept all terms are accept all terms accept all terms are accept all terms accept accept accept accept and accept all terms accept accept accept accept accept accept a	chnician, physiciar chical assistance an will be based, at lease, to a healthcat but not limited to, s, the actions or ir ate fully in all US old harmless and tractors and sporany claim by or a loor from the same and agree to US C collecting, maintaining provisions of the Potential assistance of the provisions of the Potential assistance in the provisions of the Potential assistance and the provisions and the provisio	n, nurse, dentist, or oth ad/or treatment and agreat in party, on informare facility should an in concussions, other senactions of others, or a Club Soccer programs indemnify the members, U.S. Soccer and the playmame, which transportations of the playmame, which transportations of the playmame, protecting and discloplicy and any successor in the playmame, which transportations of the playmame, which transportations of the playmame, which transportations of the playmame, protecting and discloplicy and any successor in the playmame, which transportations of the playmame transportations of the playm	ner healthcare professional and ree to be financially responsible nation provided herein. I hereby idividual listed above consider it erious bodily injury or death) are a combination of both. In signing without restriction or conditionable organization, the National and its affiliated organizations er named above as a result of tation I hereby authorize.  The conditional individual
Signature of player (if an adult) or parent/gr		elation to player (i	f applicable)	
IMPORTANT NOTICE: ALL PLAYERS, PA		BY AND MUST	COMPLY WITH ALL U	IS CLUB SOCCER POLICIES