



# RIDGEFIELD FOOTBALL CLUB

## YOUTH REGISTRATION FORM

**Internal use only:**

Date received:

**Club Name:** Ridgefield Football Club      **City:** Ridgefield      **State:** NJ

**Player Name:** \_\_\_\_\_

I hereby consent to the above-named club registering me for the next calendar year. I understand that I may be registered to only one US Soccer club at any time.

\_\_\_\_\_  
*Players 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:** \_\_\_\_\_

**\* UNIFORM \***      **Shirt Size:** \_\_\_\_\_ **Short Size:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Receive Texts?** Yes No  
**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Receive Texts?** Yes 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:** \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby 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 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, their sponsors, 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 Ridgefield FC Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to player:** \_\_\_\_\_