



Office Use Only



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 Myrtle Beach, SC 29577  
 Phone: (843) 429-0006  
 Email: admin@usclubsoccer.org  
 Website: [www.usclubsoccer.org](http://www.usclubsoccer.org)

Med-Reg. Form	
Proof of Birth	

Complete from online information

Team # 1168-	
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**CLUB REGISTRATION CONFIRMATION**

Club Name Capital United Soccer City Albany State NY

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club.]

\_\_\_\_\_  
 Player's Signature                      Date                      Parent/Guardian Signature                      Date

**PLAYER'S MEDICAL INFORMATION**

Player's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Email \_\_\_\_\_  
 Street \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Email \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
 Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_  
 Medical/Hospital Insurance \_\_\_\_\_  
 Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give my 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 applicant/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, US Club Soccer, their sponsors, the USSF 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 US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

\_\_\_\_\_  
 Signature                      Date                      7/7 \_\_\_\_\_                      7/14 \_\_\_\_\_  
 \_\_\_\_\_ (Relation to player: father, mother, guardian)                      7/21 \_\_\_\_\_                      7/28 \_\_\_\_\_