



FC Arizona

Player Registration & Medical Release Form 2020-21

TEAM INFORMATION

Team Name: _____ Sex: M F Age Group: U

Coach: _____ League: Open League ASL1 ASL2 APL Other _____

PLAYER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: AZ Zip: _____

Phone Number: _____ DOB: _____ / _____ / _____

Family eMail: _____ Player eMail: _____

PARENT / LEGAL GUARDIAN

Name: _____

Relationship to Player: _____

Cell Phone: _____

eMail: _____

PARENT / LEGAL GUARDIAN / SECONDARY CONTACT

Name: _____

Relationship to Player: _____

Cell Phone: _____

eMail: _____

I, the parent/guardian of the above-named player agree that the player and I will abide by the rules and regulations of the USYSA and/or US Club Soccer (The Programs), its affiliated organizations and its sponsors. In consideration of the player's participation in the soccer programs and activities of the USYSA and/or US Club Soccer I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA and/or US Club Soccer, the owners and operators of the facilities used for The Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from The Programs, which transportation is hereby authorized. I further grant the USYSA Parties and/or US Club Soccer the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning The Programs provided such use is related to the player's status as a participant in The Programs.

Parent Name (Printed): _____

Signature: _____ Date: _____ / _____ / _____

Player Name (Printed): _____

Signature: _____ Date: _____ / _____ / _____

CONSENT FOR MEDICAL TREATMENT AND TRANSPORTATION

•As the parent/legal guardian of the above named player, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent. I have not been given a guarantee as to the results of examination or treatment, but agree to be financially responsible for the cost of such assistance/treatment.

•The undersigned, parent/guardian of the above named player, does hereby authorize any officer, teacher, or coach, agents of USYSA and or US Club Soccer to transport as required the above minor to and from association sponsored activities including, but not limited to athletic and social events.

•Please list any medical conditions, allergies and/or medications:

 Parent/Guardian / Player (Over 18 Years Old) Name: _____

Signature: _____ Date: _____ / _____ / _____

MEDICAL RELEASE NOTARY

SUBSCRIBED AND SWORN TO ME THIS DAY OF: _____ / _____ / _____

MY COMMISSION EXPIRES: _____ / _____ / _____

NOTARY SIGNATURE: _____

NOTARY STAMP