716 8th Ave. North
Myrtle Beach, SC 29577
Phone: (843) 429-0006
Email: admin@usclubsoccer.org
Website: www.usclubsoccer.org

Office Use Only

Med-Reg. Form	
Proof of Birth	

Complete from online information

Team #	

CLUB REGISTRATION CONFIRMATION

Club Name_____ City_____ State_____

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; which will hold this form unless requested by US Club Soccer.]

_____ _____ _____ _____

Player's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

PLAYER'S MEDICAL INFORMATION

Player's Name_____Birthdate_____
Street Address_____ City_____ Zip_____

Father's Name_____ Home Phone (___)_____Bus Phone (___)_____
Mother's Name_____ Home Phone (__)_____ Bus Phone (___)_____

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_____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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***_____

_____ (Relation to player: father, mother, guardian)