



**US Club Soccer Form R002**  
**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 18<sup>th</sup> birthday, whichever occurs last.*

**Member Organization / Club Name:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Player information:**

Full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email address (for adult player 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 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #1 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

**In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

**Medical Treatment Authorization and Liability Waiver/Release:** I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above 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, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

**Privacy Policy & Terms of Use:** I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at [usclubsoccer.org](http://usclubsoccer.org). The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

**AGREED AND ACCEPTED:** I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

\_\_\_\_\_  
Signature of player (if an adult) or parent/guardian (if player is a minor)

\_\_\_\_\_  
Relation to player (if applicable)

\_\_\_\_\_  
Printed name of signee

\_\_\_\_\_  
Date

**IMPORTANT NOTICE:** ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [[usclubsoccer.org](http://usclubsoccer.org)].



# FORMULARIO DE INSCRIPCIÓN PARA JUGADORES JUVENILES

Este formulario debe permanecer con el club durante al menos cinco (5) años o hasta que el jugador tenga 18 años, lo que ocurra después.

Nombre del Club: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_  
 Nombre de la Liga: \_\_\_\_\_

Por la presente, doy consentimiento al club4 anteriormente nombrado a registrarme con US Club Soccer. Entiendo que en cualquier momento puedo estar registrado con sólo uno de los clubes miembros de US Club Soccer. [Nota: No es necesario rellenar este formulario en cuanto el jugador sigue con este club. El formulario permanecerá con el club, a no ser de que US Club Soccer lo solicite.]

Firma del jugador \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del padre/tutor \_\_\_\_\_ Fecha \_\_\_\_\_

## INFORMACIÓN MÉDICA DEL JUGADOR

Nombre del jugador: \_\_\_\_\_ Día de nacimiento: \_\_\_\_\_ Género:  Female  Male  
 Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_  
 Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Email: \_\_\_\_\_

Nombre del Padre: \_\_\_\_\_ Teléfono (Casa): ( ) \_\_\_\_\_ Teléfono (Trabajo) ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Celular: ( ) \_\_\_\_\_ Recibe Texto/SMS?  Si  No  
 Nombre de la Madre: \_\_\_\_\_ Teléfono (Casa): ( ) \_\_\_\_\_ Teléfono (Trabajo) ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Celular: ( ) \_\_\_\_\_ Recibe Texto/SMS?  Si  No

### En el caso de emergencia cuando no se puede contactar con el padre/tutor, por favor, llame:

Nombre: \_\_\_\_\_ Teléfono 1: ( ) \_\_\_\_\_ Teléfono 2: ( ) \_\_\_\_\_  
 Nombre: \_\_\_\_\_ Teléfono 1: ( ) \_\_\_\_\_ Teléfono 2: ( ) \_\_\_\_\_

Por favor haga una lista de alergias:

Por favor, haga una lista de otras condiciones médicas:

Médico: \_\_\_\_\_ Teléfono 1: ( ) \_\_\_\_\_ Teléfono 2: ( ) \_\_\_\_\_  
 Compañía de seguros médicos: \_\_\_\_\_ Teléfono: ( ) \_\_\_\_\_  
 Titular de la póliza: \_\_\_\_\_ Número de póliza: \_\_\_\_\_

## AUTORIZACIÓN DE TRATAMIENTO MÉDICO Y RENUNCIA A LA RESPONSABILIDAD

Por la presente, doy consentimientos a que los entrenadores físicos, los entrenadores técnicos, los gerentes, los directores médicos, los técnicos de emergencia médica, los enfermeros, las instalaciones de tratamientos médicos, y/o el doctor de medicina o de odontología, o personal asociado, proporcionen asistencia médica y/o tratamiento al participante y me comprometo ser financieramente responsable por todos los gastos de cualquier asistencia y/o tratamiento. Entiendo que el tratamiento de lesiones se basará en la información en este formulario. Por la presente, autorizo transportación de urgencias del participante a la instalación de tratamientos médicos cuando cualquier individual anteriormente mencionado considera que es necesario. Reconozco la posibilidad de daños físicos asociados con el fútbol, y por este medio libero, descargo, y de cualquier manera, indemnizo a mi club y a mi equipo, US Club Soccer, sus patrocinadores, US Soccer Federation y las organizaciones afiliadas, y los empleados y personal asociado con dichas organizaciones, contra cualquier demanda legal del jugador como resultado de la participación del jugador en los programas de US Club Soccer y/o en el transporte desde y a cualquier de estos programas, que por la presente también autorizo.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_ Relación al jugador:  Padre  Madre  Tutor