



FORM R002 | 2021-22 REGISTRATION YEAR
Player Information, Medical Treatment Authorization,
Liability Waiver/Release and Consent Form

To be retained by FC Pride for at least five (5) years or until the player's 18th 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 Youth Soccer. I understand that a player may be registered to only one US Youth Soccer Club 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 Youth Soccer), its agents, contractors and sponsors, U.S. Youth 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 Youth 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 Youth Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usyouthsoccer.org. The Policy describes US Youth 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.

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 YOUTH SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US YOUTH SOCCER WEBSITE [usyouthsoccer.org]. A copy of this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form can be found at fcpride.org.