US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH 2010-2011

League Name: ___OASL___NOGSL_____ **Age Group**: _____ **Male/Female:** _____

Club/Team Name: SEL – South Euclid Lyndhurst Soccer Club **Player ID #:**_____

First Name: _____ **M.I.:** _____ **Last Name:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Area Code/Tel. Number:** _____

Email: _____ **Birth Date:** _____

Cell Phone: _____ **Mother's Month & Day of Birth:** _____ **(Required)**
(To create unique player identifier)

Father's Name: _____ **Mother's Name:** _____
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: _____ **Primary or Secondary Team:** Primary **(Required)**
(State Cup teams should always be primary)

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

☐ (Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

☐ By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

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Parent/Guardian Signature: _____ Date: _____