



**US Youth Soccer Player
Membership Form
OYSAN ** 2011-12**

Club/Team Name: _____

Coach Name: _____ **Age Group:** _____ **Male/Female**

Player's Information:

First Name: _____ **Last Name:** _____

Player' Date of Birth: _____ **Area Code/Tel. Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent's Information

Father's Name: _____ **Mother's Name:** _____

(First Name; Include Last Name if Different from Player)

(First Name; Include Last Name if different from Player)

Dad's Address: *if different from player*

Mom's Address: *if different from player*

Dad's Email: _____ **Mom's Email:** _____

Dad's Cell Phone: _____ **Mom's Cell Phone:** _____

****** Mother's Month & Day of Birth:** _____ **(Required)**

Last Club Team Played On: _____ **League:** _____

List Player's Primary Team: _____

(Required: State Cup teams should always be primary) **Secondary Team:** _____

WAIVER OF LIABILITY:

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, NWOYSL, 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. I also agree that I will abide by the rules and regulations of the NWOYSL, USYS and OYSAN, and have or will sign the NWOYSL's Code of Conduct Form.

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.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

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.

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: _____