

Northwest Ohio Youth Soccer League
Player Membership Form * Fall 2008 – Spring 2009
Affiliated with USYS and OYSAN

Club: _____

Head Coach: _____ Age Group: U- Male/Female: _____

Player Information:

Player's Name: _____ DOB: _____

Player's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mother's Date of Birth - (MMDD): _____

**This information is used to help create a unique player identification number.*

Primary Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Alternative Email: _____

Liability Waiver Form

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify USYS, OYSAN, and 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/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.

Parent/Guardian

Signature _____ Date _____

Consent for Medical Treatment (Minor)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or a doctor of medicine or dentistry to provide my son/daughter with medical assistance and/or treatment. I also agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian

Signature _____ Date _____