

## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or he player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name:	Pajaro Valley Youth Soccer Cl	ub	(	City: Watsonville	State: CA
League Name:	Pajaro Valley Youth Soccer Cl	ub			
I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]					
Player's Signature Date		Date	Parent/0	Guardian Signature	Date
PLAYER'S MEDICAL INFORMATION					
Player's Name:		В	Birth Date: Gender:		
Street Address:				City:	Female Male
State:	Zip: Ema	il Address:			
Ciato.	∟iγ . Lilid	, (441000)			
Parent Name:		Home Phone:	( )	Bus Phone:	( )
Email Address:		Cell Phone:	( )	Receive texts?	Yes No
Parent Name:		Home Phone:	( )	Bus Phone:	( )
Email Address:		Cell Phone:	( )	Receive texts?	Yes No
Name:  Please list Allergie  Please list other m		Phone 1:	( ) ( )	Phone 2: Phone 2:	( )
Flease list other in	edical conditions.				
Physician		Phone 1	( )	Phone 2	( )
Medical/Hospital Ir	surance Company			Phone	( )
Policy Holder's Na	me			Policy Number	•
technician, nu provide the a responsible for based on ir applicant/parti warranted. I discharge, an organizations, or on behalf or programs and	MEDICAL TREATME e my consent to have rse, medical treatment f applicant/participant with or the cost of such ass aformation provided had icipant to a medical treat recognize the possibiled otherwise indemnify the and the employees and of the soccer player name for being transported to	e an athletic trainer, acility, and/or doctor or medical assistance istance and/or treatnerein. I hereby eatment facility shoul ity of physical injury the club, US Club Social dissociated personned above as a result or from the same, when	coach of medic and/or nent. I authori d an ir associ ccer, the nel of th of that	n, team manager, emcine or dentistry or ass treatment and agree understand treatment ze emergency trans adividual listed above fated with soccer, and eir sponsors, the USSI sese organizations, again player's participation in asportation I hereby automasses.	nergency medical ociated personnel to be financially for injury will be portation of the consider it to be dishereby release, and its affiliated ainst any claim by the US Club Soccer thorize.
Signature		Date		Relation to player:   Father [	iviother [_] Guardian