YOUTH REGISTRATION & LIABILITY/MEDICAL RELEASE

Player/Registrant Information

First Name (as it appears on Birth Certificate)	Last Name (as it appears on Birth Certificate)	Sex	Birth Date	Country of Birth

Country(s) of Citizenship	Have you ever registered & participated in soccer activities outside US with a foreign team?	Home Phone	Email Address

Street Address	City	State	Zip

Parent Information - Mother

First Name	Last Name	Cell Phone	Wk Phone	Email

Parent Information - Father

First Name	Last Name	Cell Phone	Wk Phone	Email

In an emergency, when parents cannot be reached, please contact:

First Name	Last Name	Cell Phone	Phone #2
First Name	Last Name	Cell Phone	Phone #2

Medical Information

Known Allergies and other Medical Conditions

Physician's Name	Phone
Primary Medical and/or Hospital Insurance Company	Phone

Policy Holder's Name	Policy #	Group #

US CLUB SOCCER REGISTRATION RULE. I hereby consent to Coast FA registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. I/we will abide by all rules of Coast Futbol Alliance Inc, Ocean Strand Soccer Inc and US Soccer member organization(s) under which I am registered.

COAST FUTBOL ALLIANCE INC, OCEAN STRAND SOCCER INC AND US CLUB SOCCER MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER. In signing below, I represent I am a player who is at least 18 years old or am the parent or legally authorized representative permitted to sign this medical treatment authorization and liability waiver on behalf of the minor player for whom this form is being submitted. I hereby acknowledge and understand that certain risks of injury (including serious bodily injury or death) are a possibility when playing soccer and voluntarily accept and assume this risk, on my own behalf or that of the minor player, as part of playing soccer for the above-name organization.

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for the injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation to a medical treatment facility should one of the individuals listed above consider it to be warranted.

I hereby release, waive, indemnify, hold harmless, and agree not to sue Coast Futbol Alliance Inc, Ocean Strand Soccer Inc, US Club Soccer, their sponsors and affiliated organizations, the U.S. Soccer Federation and its affiliated organizations, the soccer facilities, and the board, officers, employees and associated personnel of these organizations (collectively, "Released Parties"), against any claim by or on behalf of the soccer player named above as a result of the player's participation in any soccer-related activities conducted or organized by the Released Parties or as a result of being transported to or from the same, which transportation I hereby authorize.

USYS/USS/SCYSA PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE. Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

PLAYER FEE(S) OBLIGATION AND REFUND POLICY. I acknowledge that I am aware of the published fee schedule of Coast FA and Ocean Strand Soccer Inc and agree to pay all applicable fees for the entire seasonal year from August 1st through May 31st whether my child participates for the entire seasonal year or not. Coast FA reserves the right to place a hold on any player transfers in which there remains a balance due and reserves the right to suspend a player in whom there is a delinquent balance on such player's account. No refunds will be applicable after August 1st except for certifiable injury or the participant moves away from the greater Grand Strand area. In the event of a refund, only that part of the applicable fees that have not been expensed shall be refunded.

Signature:_____ Relation to Player: __Father __Mother __Guardian **Date:**_____

Scan & email to DenaMauney@yahoo.com or Mail to Dena Mauney, 59 Willowbend Dr, Murrells Inlet SC 29576