



REGISTRATION AND MEDICAL RELEASE FORM

Seasonal Year 2005 - 2006
Name _____ Team _____ Girls / U- _____
Address _____ Phone _____
Date of Birth _____ School _____ Grade _____
Mother _____ Phone (H) _____ (W) _____
Father _____ Phone (H) _____ (W) _____
e-mail address _____
Physician _____ Phone _____
Dentist _____ Phone _____
Emergency contact (other than parent) _____ Phone _____
Insurance Company _____ Policy # _____
Insurance Co. Address _____
Preferred Hospital _____ Allergies _____
Medications taken & dosage _____
Medical condition(s) to be aware of _____

CONDUCT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and its affiliated organizations and sponsors, and by the Yankee United Football Club.

MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for US Club Soccer and USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify US Club Soccer and the USYSA, its affiliated organization and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize.

MEDICAL TREATMENT

As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent

Parent/Guardian _____ Date _____

Player _____ Date _____

Subscribed and sworn to before be this _____ day of _____

NOTARY PUBLIC