

<u>US Club Soccer Form R002</u> Player Information, Medical Treatment Authorization, Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Member Organization / Club Name: LIBE	RTY FC		State:	ОН
Player information:				
Full name:	Birth Date:	Gender:	☐ Female	☐ Male
Street address:		City:		
State: ZIP Code:	Email address (for adult player onl	y):		
Allergies:				
Other medical conditions:				
Physician:	Phone #1: ()	Phone #2:	()	
Medical/Hospital Insurance Company:		Phone #:	()	
Policy Holder's Name:		Policy Number:		
To be a small start from an adult above.				
To be completed for non-adult players: Parent/Guardian #1 Name:	Phone #1: () Phone #1 Type	۵.	
Email Address:	Phone #2: () Phone #2 Type		
Parent/Guardian #2 Name:	Phone #1: () Phone #1 Type		
Email Address:	Phone #2: () Phone #2 Type		
Liliali Addiess.	F11011 6 #2. () F11011 6 #2 1 ypt	<u>. </u>	
In an emergency, for an adult player or when a par-	ent/guardian cannot be reached, pleas			
Name:	Phone #1: ()	Phone #2:	()	
Name:	Phone #1: ()	Phone #2:	()	
Medical Treatment Authorization and Liability Wa applicable, to have an athletic trainer, coach, team main each case, their associated personnel provide the pfor the cost of such assistance and/or treatment. I unauthorize emergency transportation of the player, at pit to be warranted. I acknowledge and understand that cinherent in playing soccer. These types of injuries may below, I certify that the player received all necessary maximum extent permitted by law, I hereby a Association of Competitive Soccer Clubs (dba US and the employees and associated personnel of the player's participation in US Club Soccer programs Privacy Policy & Terms of Use: I acknowledge and (collectively, the "Policy"), available at usclubsoccer.or	anager, emergency medical technician, p layer identified above with medical assist derstand treatment for injury will be base layer or parent/guardian's expense, to a layer or parent/guardian's expense, the action dedical clearances to participate fully in alla gree to release, waive, hold harmles Club Soccer), its agents, contractors a ese organizations, against any claim b and/or being transported to or from the diagree that I have read, understand and g. The Policy describes US Club Soccer	hysician, nurse, dentist, or other ance and/or treatment and agreed, at least in party, on informational thealthcare facility should an individual to, concussions, other serions or inactions of others, or a coll US Club Soccer programs without and indemnify the member and sponsors, U.S. Soccer and y or on behalf of the player narrie same, which transportation agree to US Club Soccer's Propractices for collecting, maintain	r healthcare per to be finance tion provided vidual listed a bus bodily injusted in the period of th	professional and, cially responsible herein. I hereby above consider it ury or death) are f both. In signing a or condition. Too, the National dorganizations, as a result of the chorize. & Terms of Use and disclosing and disclosing
player information. In signing below, you agree on your successor Policy then-in-effect. AGREED AND ACCEPTED: I hereby agree and acceptiability Waiver/Release, and Consent Form. Signature of player (if an adult) or parent/guardian (if p	pt all terms and conditions set forth in this			
Printed name of signee	 Date			

 $\frac{\text{IMPORTANT NOTICE}}{\text{AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org]}.$