

US Youth Soccer Player Membership Form
OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID #: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Mother's Month & Day of Birth: _____ (Required)

Father's Name: _____ Mother's Name: _____
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: _____ Primary or Secondary Team: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, 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 or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

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Parent/Guardian Signature: _____ Date: _____