



Player Information

Last name:	First name:	DOB:	
Address	City	State	Zip

Parent/Guardian Information

Parent/Guardian #1:	Parent/Guardian #2:
Relation to player:	Relation to player:
Phone:	Phone:
Email Address:	Email Address:

In an emergency when parent/guardian cannot be reached, please contact the following:

Emergency Contact:	
Relationship to Player:	Phone #:

Medical Information

Has player ever had a concussion?	If yes how many?
Date of Last concussion?	
Allergy &/or Medical Conditions player has:	
Medical Insurance Company:	Doctor:
Insurance ID#:	Doctor Phone:

Medical Treatment Authorization and Liability Waiver

As Parent or Guardian of this registered player, 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 the player with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Westside Metros Soccer Club, Westside Metros FC, USYSA, OYSA, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees of and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of the players participation in the US Soccer, USYSA, and/or US Club Soccer programs, and/or being transported to or from the same, which transportation I hereby authorize.

Person Signing this form:	Date:
Signature:	