



PLAYER REGISTRATION FORM

Player Information

Player's First Name	Player's Last Name	Date of Birth (MM/DD/YY)	Gender (circle)
			Male / Female
Street Address		City	State
Primary Email		Primary Phone Number	School

Parent Information

Mother's Name (First and Last)	Father's Name (First and Last)
Mother's Cell/Work Phone	Father's Cell/Work Phone
Mother's Email Address	Father's Email Address

Medical / Treatment Waiver:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, US Club, USSF, and their affiliated organizations and sponsors, including Houston Dynamo Youth Soccer Club & Houston Dash Youth Soccer Club, recognizing the possibility of physical injury associated with soccer and in consideration by USYSA, US Club, and/or USSF accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify USYSA, US Club, USSF, affiliated organizations and sponsors, including Houston Dynamo Youth Soccer Club & Houston Dash Youth Soccer Club, employees and associated personnel, including the owners of 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 or from the same, which transportation I hereby authorize. _____ (parent/guardian initials)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: As parent or legal guardian of the above-named registrant, 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 applicant/participant 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 applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. _____ (parent/guardian initials)

Parent/Guardian Signature _____ **Date:** _____

Parent/Guardian (please print)