



**REGISTRATION & LIABILITY/MEDICAL RELEASE**



**Player/Registrant Information**

First Name (as it appears on Birth Certificate)		Last Name (as it appears on Birth Certificate)		Name you go by:		Sex	
Birth Date		Home Phone		Email Address			
Street Address				City		State	Zip

**Parent Information - Mother**

First Name		Last Name		Email	
Home Phone		Wk Phone		Cell Phone	

**Parent Information - Father**

First Name		Last Name		Email	
Home Phone		Wk Phone		Cell Phone	

**Emergency Contact Other than Parent/Guardian**

First Name		Last Name		Phone	
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**Medical Information**

Primary Medical Insurance Company			Policy No.		
Known allergies or other pertinent information					

**CLUB MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER**

I, the parent/guardian of the registrant/participant, hereby give my consent for his/her participation in Coast Futbol Alliance and/or Ocean Strand Soccer Inc programs. I assume all risk(s) and hazard(s) incidental to the conduct of such programs. I/we will abide by all rules of Coast Futbol Alliance and Ocean Strand Soccer Inc. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge and/or otherwise indemnify Coast Futbol Alliance and Ocean Strand Soccer Inc, their officers and directors, employees, associated personnel, agents, volunteers and sponsors, including owners of facilities utilized for such programs against any and all claim(s) by or on behalf of the registrant/participant as a result of the registrant/participant's participation in such programs, and/or being transported to or from same, which transportation I hereby authorize. I hereby give my consent for any and all medical attention to be administered to my child in the event of an accident, injury or sickness, etc. I will be financially responsible for such medical attention.

**US CLUB SOCCER MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER**

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 registrant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the registrant/participant 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 club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**USYS/USS/SCYSA MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant Coast Futbol Alliance Club and/or Ocean Strand Soccer Inc, their officers and directors, employees, associated personnel, or volunteers' permission to act as my surrogate for my child in the area of obtaining medical treatment by one of the above. My child has received a physical examination by a physician and has been found physically capable of participating in such programs.

**PLAYER FEE(S) OBLIGATION AND REFUND POLICY**

I acknowledge that I am aware of the published fee schedule of Coast FA and Ocean Strand Soccer Inc and agree to pay all applicable fees for the entire seasonal year from August 1st through May 31st whether my child participates for the entire seasonal year or not. Coast FA reserves the right to place a hold on any player transfers in which there remains a balance due and reserves the right to suspend a player in whom there is a delinquent balance on such player's account. No refunds will be applicable after August 1st except for certifiable injury or the participant moves away from the greater Grand Strand area. In the event of a refund, only that part of the applicable fees that have not been expensed shall be refunded.

Print Name (Parent/Guardian): \_\_\_\_\_ (Mail to Jenna Cunningham, 3902 Kensington Ct, Myrtle Beach SC 29577)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_ (Notary Seal/Stamp Required)