

PLAYER INFORMATION		PRINT NAME AS IT APPEARS ON PLAYER'S BIRTH CERTIFICATE.											
Last Name		First Name			MI	Date of Birth		Gender: M F					
Address				City		State	Zip Code						
Home Phone		Cell Phone			Other								
School			Email Address										
Please check appropriate size		Jersey		Youth XS		S	M	L	XL	Adult S	M	L	XL
		Shorts		Youth XS		S	M	L	XL	Adult S	M	L	XL

PARENT INFORMATION				
Father Name		Home Phone	Cell Phone	Work Phone
Mother Name		Home Phone	Cell Phone	Work Phone
Legal Guardian Name		Home Phone	Cell Phone	Work Phone
PERSON TO NOTIFY IN CASE OF EMERGENCY OTHER THAN PARENT(S)			Phone	

**IMPORTANT**

I, the parent/legal guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities, including but not limited to athletic and social events of the USYSA Parties ("the Programs") and Arizona Soccer Academy, Inc. and United Soccer Academy, Inc., I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties and Arizona Soccer Academy, Inc. and United Soccer Academy, Inc., owners, operators, coaches / trainers, independent contractors, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, independent contractors and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYSA Parties and all above mentioned parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

I hereby grant Arizona Soccer Academy, Inc. and United Soccer Academy, Inc. permission to use names / photograph(s) / video of the below named player and myself in any and all publications and all other media, whether now known or hereafter existing, in perpetuity, and for other use by Arizona Soccer Academy, Inc. and United Soccer Academy, Inc. I will make no monetary or other claim against Arizona Soccer Academy, Inc. and United Soccer Academy, Inc. for the use of information and photograph(s) / video.

\_\_\_\_\_

Parent/Guardian Name (Print) Player Name (Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency Medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I further request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis/treatment. I authorize all diagnostic/treatment/operative/x-ray procedures of the above minor. I have not been given a guarantee as to the results of examination/treatment. I authorize disposal of any specimen or tissue taken from the above named player. **PLAYER MEDICAL PROBLEMS / KNOWN MEDICATION ALLERGIES / OTHER ALLERGIES:** \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_  
Parent or Legal Guardian

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL RELEASE NOTARY** (Recommended for In-State play, Required for out-of state)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared Parent/Legal Guardian listed above whose identity was proven to me on the basis of evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

My Commission Expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_

<b>CLUB USE ONLY</b>	ASA _____ USA _____	Age Group _____	Male _____	Female _____
Team Name _____		Player Number _____		
✓ RECEIVED: Birth Certificate _____ Head Injury Consent _____ Code of Conduct _____			E _____ GS _____	
Registration Fee: \$ _____		Amount Paid \$ _____	Cash _____	Check _____
		Date _____	Received by _____	