



Please Turn this form in filled out in it's entirety.

## YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or he player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: Rohnert Park FC City: Rohnert Park State: CA

League Name: AAU - Soccer

I hereby consent to registering with Rohnert Park FC. I understand that I will be registered within Rohnert Park FC, as an athlete, and I can also register with another club at my choosing. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form as stated above.]

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLAYER'S MEDICAL INFORMATION

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Receive texts?  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Receive texts?  Yes  No

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

Name: \_\_\_\_\_ Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Please list Allergies the player has: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician \_\_\_\_\_ Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### 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 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. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, Rohnert Park FC, their sponsors, the AAU Leagues 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 that player's participation in Rohnert Park FC Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to player:  Father  Mother  Guardian