



YOUTH CLUB REGISTRATION CONFIRMATION

Club Name	KAOI SOCCER	CLUB		City	Honolulu,		State	HI
US Club Socce	nt to the above-named or r member club at any ti will hold this form unle	me. [Note: it will not	be necessary to com					
Player's Signa	ture	Date	Parent/0	Guardi	ian Signature	Date		
		PLAYER'S ME	EDICAL INFORI	MATI	ON			
Player's Name	e				Birth Da	ate		
Street Address			City	State		Zip		
Email Address	3							
Father's Name	Э		Home Phone		Bus Ph	one		
Mother's Nam	е		Home Phone		Bus Ph	one		
In an emergeno	cy when parent/guardia	n cannot be reached	, please contact the f	ollowin	ng:			
Name			Home Phone		Bus Ph	one ()	
Name			Home Phone		Bus Ph	one ()	
Allergies								
Other Medical								
Physician			Home Phone ()	Bus Ph	one		
Medical/Hospi	tal Insurance Company	1			Phone			
Policy Holder's	s Name				Policy N	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, US Club Soccer, their

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sponsors the USE and as 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 US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature	Date
Mother	(Relation to player: father, mother, guardian)