Davidson County Youth Soccer Association
2016-2017 Soccer Registration Form

Division: U4☐ U6☐ U8☐ U10☐ U12☐ U14☐

U4- 4 after August 1, 2016	U6 - 6 after August 1, 2016	U8 - 8 after August 1, 2016
U10 – 10 after August 1, 2016	U12 - 12 after August 1, 2016	U14 - 14 after August 1, 2016

Jersey: **Youth**: Small (6-8)☐ Medium (8-10)☐ Large (10-12)☐ **Adult**: Small☐ Medium☐ Large☐

Player's Demographics: (Must be Legal Name on Birth Certificate)

First Name:	Last Name:
Date of Birth:	Gender:
School:	Grade:
Address:	
City/State:	Zip:

Parent/Guardian Information:

	Name	Home Phone	Mobile Phone	Email
Mother				
Father				

IMPORTANT MEDICAL AND LIABILITY RELEASE -- MUST BE SIGNED

I (we), the undersigned, residing in the county of, state of NC, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association. I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the " Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by 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 we hereby authorize. I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs. In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice. The undersigned have read and fully understand and agree to the foregoing.

Name of Insurance Company: _____**Card and Group#:**_____

Parent/Guardian Name	
Signature & Date	
Player is Allergic to these Medications and Substances/ List any Unusual Health Information	