



7716 8th Ave. North  
 8 Myrtle Beach, SC 29577  
 9Phone: (843) 429-0006  
 10Email: [admin@usclubsoccer.org](mailto:admin@usclubsoccer.org)  
 Website: [www.usclubsoccer.org](http://www.usclubsoccer.org)

### CLUB REGISTRATION CONFIRMATION

Club Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [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 unless requested by US Club Soccer.]

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

### PLAYER'S MEDICAL INFORMATION

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

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

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

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

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

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

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

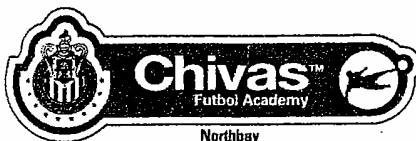
### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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, 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 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 \_\_\_\_\_

(Relation to player: father, mother, guardian)

## Chivas Futbol Academy Northbay Player, Parent, and Family Agreement



### The player, parent and family agree:

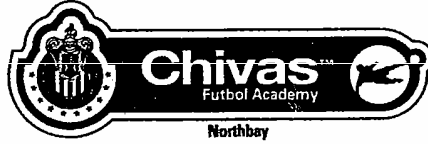
1. The player will make every reasonable effort to attend practice sessions, games and tournaments.
2. The player **will call the team coach or manager** if unable to be in attendance.
3. The player will **be punctual (on time)** with gear on for all practices and games.
4. The player will always **give the coach and staff their utmost respect**, whether they agree with them or not.
5. The player will treat the academy program as a **serious learning experience**.
6. The player will **abide by the coach's instructions** during training and game day preparations.
7. The player will respect their opponents and all game officials, both in defeat, as well as in victory.
8. The player agrees that **un-sports-man-like conduct** can be grounds for **suspension or dismissal**.
9. Parents will provide encouragement and create a good learning environment.
10. Parents will conduct themselves as **role models for the players**.
11. Parents will refrain from inappropriate behavior or saying anything negative about **coaches, staff, players, "other academy parents", and referees**. In game situation interfering with referees can only cause negative reactions which will affect the game. Let the coach represent the team.
16. Parents will maintain a high level of composure when dealing with players and parents on opposing teams.
17. Parents will at no time communicate or engage in any sideline bantering with players from the opposing team.
18. Parents **will not coach players**, as they have to be able to think at crucial moments in the game.
19. Parents will make every effort to **pay their fees on time**. If you are unsure as to your balance, it is **your responsibility** to find out what it is.
20. Players and parents agree to be an **alcohol-free and drug-free** soccer academy.
21. Players and parents agree not to use **profane language** on the soccer field.
22. Following a game, there is a **mandatory 24 hour** "cooling-off" period before any player or parent may directly communicate with the coach.
23. It takes a great deal of work on everyone's part, to make a soccer academy a success. If everyone pitches in and does a little, a great deal will get done. The family will make every reasonable effort to participate in the tasks of running a team which could include but are not limited to chaperoning, transporting players, making phone calls.

Player Signature

Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



**General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (Cell): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Medical Information**

Physician name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Known Medical Conditions or Allergies \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

**Parent's Release and Indemnification Agreement**

The undersigned parent and/or lawful guardian of the above named minor (player) hereby releases Chivas Futbol Academy Northbay ("academy"), its subsidiaries, agents, team managers, and assistant managers, coaches, team parents, sponsors, officers, directors, employees, and all other parties of interest from all claims and causes of action, including but not limited to all damages of any kind which may arise from or out of the above named minor's participation in the academy's soccer program. This release and indemnification includes release from any injury arising from any act of omission that may arise during any practice, game or event going to or coming from tryouts, practice, games, or events or any injury or damage arising from any related activity of the academy.

Should any claim be made or any lawsuit be filed on account of any injury or damage to the above named minor or entry described above arising from any act of omission referred to above, the undersigned will indemnify and hold harmless the club for any and all amounts incurred by the academy for damages, whether by settlement or judgment as well as any amounts incurred by the academy for defending against any such claim or judgment, including all attorney's fees and costs incurred.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signature Parent / Guardian Printed Name Parent / Guardian