

MEMBER INFORMATION AND AGREEMENT

|  |
| --- |
| PLAYER INFORMATION |
| Full Name:  |  |
| Date of Birth: |  | M/F: |  | Team: |  |
|  |  | U.S. Citizen?:  |  🞎 Yes 🞎 No |
| Street Address: |  |
| City, State, Zip: |  | Mobile telephone: |  |
| Home Telephone: |  | Player Email: |  |
| School attending: |  |
| Was player ever rostered with another club? 🞎 Yes 🞎 No If yes, list club name: |  |
| PARENT/GUARDIAN I |
| Full Name:  |  |
| Address (if different from player’s): |  |
| City, State, Zip: |  | Mobile telephone: |  |
| Home Telephone: |  | Email: |  |
| Work Telephone: |  | Email: |  |
| PARENT/GUARDIAN II |
| Full Name:  |  |
| Address: (if different from player’s): |  |
| City, State, Zip: |  | Mobile telephone: |  |
| Home Telephone: |  | Email: |  |
| Work Telephone: |  | Email: |  |
| E M E R G E N C Y |
| Emergency contact name: |  |
| Phone numbers: |  |
| Relationship to player: |  |
| Doctor Name: |  | Phone: |  |
| Dentist Name: |  | Phone: |  |
| I. Participation Permission and Waiver/Release: |
|  | *(Player Name)*  has my/our |
| permission to participate in all Steel City SC activities. I verify that he/she is covered by medical and hospitalization insurance. He/She has been examined by a qualified physician and is physically able to participate in soccer activities. I understand that playing soccer has the risk of injury. I release Steel City SC, its employees, officers, agents and hosting facilities from any damages and liability that may occur while my child is participating in tryouts, practices, games, tournaments, and any other club functions. |
| II. Membership Requirements and Financial Obligations:I/We fully understand, and agree to abide by the guidelines and rules set forth by Steel City SC’s Membership Requirements and Financial Obligations. Further, I agree to accept actions taken for failure to abide by the guidelines and rules as set  |
| forth therein for the duration of |  | ‘s *(Player Name)* |
| Membership at Steel City SC. |

|  |
| --- |
| PARENT/GUARDIAN SIGNATURES |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent/Guardian Name (I) |  | Parent/Guardian Name (II) |
|  |  |  |
| Parent/Guardian Signature | Date |  | Parent/Guardian Signature | Date |

**MEDICAL RELEASE FORM**

|  |  |  |
| --- | --- | --- |
| As the parent/legal guardian of |  | , I request that in my |
| absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. |
| Date of Players Birth |  / /  |  | Date of last Tetanus Booster |  |
|  |  Month Day Year |  | Month Day Year |
| Known allergies of this player, including any allergies to medicine |  |
|  |
| Any other medical problems which should be noted |  |
|  |
| Family Physician |  | Phone |  |
| Family Dentist |  | Phone |  |
| Name of Parent/Guardian |  |
| Address |  |
| City/State/Zip |  |
| Phone |  | H |  | W |  | FAX |
| Person responsible for charges (if different from above) |  |
| Address |  |
| City/State/Zip |  |
| Phone |  | H |  | W |  | FAX |
| Person to notify if parent/guardian is unavailable |  |
| Phone |  | H |  | W |  | FAX |
| Insurance Carrier |  | Policy Number |  |
| Signature of Parent/Guardian |  |
|  |

**Ohio North Youth Soccer Association**

20\_\_\_ - 20\_\_\_ SEASONAL YEAR

☐ FALL ☐ SPRING ☐ SUMMER

**YOUTH PLAYER REGISTRATION APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Parent/Guardian Information** |  | \* Required Field \*\*At least one field is required |
|  |  |  |  |  |  |  |  |  |
|  |  | *First Name\** |  | *Last Name\** | *M.I.* | *Relation to Child\** |
|  |  |  |  |  |  |  |  |  |
|  |  | *Street Address\** |  |  |  | *Apartment/Unit #* |
|  |  |  |  |  |  |  |  |  |  |
|  |  | *City\** |  | *State\** |  | *Zip\** |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | *Home Phone\*\** |  | *Work Phone\*\** |  | *Cell Phone\*\** |
|  |  |  |  |  |  | ☐ Male | ☐ Female |
|  |  |  |  |  |  |  |  |  |  |
|  |  | *Email\** |  |  | *Gender\** |  |  |  |  |
|  |  | Parental/Volunteer Support: | ☐ Coach ☐ Manager |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **Player Information** |  |  |  |  |  |  |  |
|  |  | ☐ New Player | ☐ Returning Player | If returning, Ohio North Player ID Number: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | ☐ Male | ☐ Female |
|  |  |  |  |  |  |  |  |  |  |
|  |  | *First Name\** |  | *Last Name\** | *M.I.* | *Gender\** |  |  |  |
|  |  |  |  |  | ☐ Recreational ☐ Competitive ☐ Premier ☐ TOPS |
|  |  |  |  |  |  |  |  |  |
|  |  | *DOB (MM/DD/YYYY)\** | *Age Group\** | *Play Level\** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | *Club\** |  | *League* | *Team ID Number* |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | *Shirt Size* |  | *Short Size* | *Sock Size* |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | *Emergency Contact #1\** |  | *Phone\** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | *Emergency Contact #2* |  | *Phone* |  |  |  |  |

If applicable, list any medical problem(s)/physical limitation(s) the player has:

As a parent or legal guardian of the above named player, I request that the registrant’s name be removed from the Association’s magazine, camp, ODP, and other program mailing list. ☐

**Ohio North Waiver**

**We, the registrant and the registrant’s legal parent or guardian, hereby agree and acknowledge the following: (1)** We agree to abide by the rules of Ohio Youth Soccer Association

North (“Ohio North”) and its affiliated organizations and sponsors. **(2)** We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Ohio North accepting the youth player’s registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities (“Youth Programs”), we hereby release, discharge and/or otherwise indemnify and hold harmless Ohio North, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, and the owners of fields and facilities utilized for the Youth Programs (“Releasees”), against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury disability, loss or damage to person or property, or death, whether arising from the negligence of the Releasees or otherwise to the fullest extent permitted by law, by or on behalf of the registrant as a result of the registrant’s participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. **(3)** We authorize verification of the registrant’s date of birth from legal records to be provided to Ohio North authorized representative for the limited purpose of verifying the Ohio North player’s age and identity. **(4)** We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant’s well-being and we hereby agree to be financially responsible for all costs associated with such treatment. **(5)** We consent to Ohio North taking photographs, video recordings, and/or sound recordings in documenting the activities of Ohio North’s programs and services. We hereby grant Ohio North and their affiliates’ permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Ohio North and its affiliates’ educational and promotional purposes in manuals, on flyers, the internet, or other publications. **(6)** I understand that per Ohio “Return to Play Law” coaches and (or) referee shall remove an athlete exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury from practice or competition. Also, I understand that coaches shall refrain from allowing an individual to return to the practice or competition from which the individual was removed, or to participate in any other practice or competition until the individual has been assessed and cleared for return by a physician or by any other licensed health care provider authorized by youth sports organizations. **WE HAVE READ THIS**

**RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. WE UNDERSTAND THAT WE WAIVE SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. WE AGREE TO WAIVE ALL SUCH RIGHTS ABOVE INCLUDING THE RIGHT TO FILE A LEGAL ACTION OR ASSERT A CLAIM FOR PERSONAL OR PHYSICAL INJURY OR DEATH OF ANY KIND. WE SIGN THIS RELEASE FORM FREELY OF OUR OWN FREE WILL.**

***Signature of Parent/Legal Guardian*** ***Date***