

NORTHEAST UNITED SOCCER CLUB REGISTRATION FORM

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ sEmail: \_\_\_\_\_

Allergies:

Other Medical Conditions:

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs.

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

\_\_\_\_\_  
Date

Mail form and payment to:  
NEU Pony Soccer  
5102 Foxridge Dr. #1A  
Mission, KS. 66202

