

PRE-TRAVEL PLAYER REGISTRATION FORM

NORTH SHORE SOCCER CLUB GLEN HEAD, NY 11545

PLAYER INFORMATION (Please Print)

Last Name _____ First Name _____ Int. _____ Date of Birth _____ M _____ F _____
 Street Address _____ Town _____ State _____ Zip _____
 Home Phone _____

MEDICAL CONDITION: _____

PARENT/ GUARDIAN INFORMATION:

Parent/Guardian _____ Phone _____
 Cell Phone _____

EMERGENCY CONTACT: (if different than above)

Emergency Contact _____ Phone _____

MEDICAL CONTACT:

Doctor _____ Phone _____

The undersigned parent/guardian of the above named child hereby authorizes any officer, leader, coach or agent of the North Shore Soccer Club, the State Youth Association, and any affiliated associations to transport as required the above minor to and from club and association sponsored activities including but not limited to athletic and social events.

I assume all risks and hazards incidental to such participation in soccer including transportation to and from activities and I do hereby waive, release and absolve the organizers, sponsors, supervisors and participants from any claim arising out of injury to the above named child, except to the extent and in the amount covered by accident or liability insurance. I understand that the insurance provided through the North shore Soccer Club's league affiliation is supplemental coverage, and is subject to a deductible provision(\$500).

I hereby give my permission for any and all medical attention necessary to be administered to the above named child, in the event of accident, injury, sickness, etc. Under the direction of a club officer, leader, coach or agent, until such time as I may be contacted. This permission and release is effective until revoked by me. I hereby also assume responsibility for payment for any such treatment.

With your signature, this form registers the above named child with the North Shore Soccer Club, state association and the U.S. Youth Soccer Association. (This form will not be accepted unless signed and dated)

Signature _____ Date _____ (Fall Season)

Signature _____ Date _____ (Spring Season)

| |
|---|
| Fall Season: Payment: Cash _____ Check _____ Amount \$ _____ Rec'd _____ |
| Spring Season: Payment Cash _____ Check _____ Amount \$ _____ Rec'd _____ |