



THOMPSON OKANAGAN FC

www.thompsonokanaganfc.com
interiorsoccerprograms@shaw.ca

2008



PLAYER REGISTRATION 2008

I hereby consent to the above-name 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.

Players Signature

Date

Parent/Guardian Signature

Date

PLAYER INFORMATION

Player's Name _____ Birthdate _____
FIRST MIDDLE INITIAL LAST DD/MM/YY

Mailing Address _____
BOX OFFICE /STREET CITY POSTAL CODE

Email Address _____
PLEASE PRINT LEGIBLY AND USE AN ADDRESS THAT IS CHECKED DAILY

Home Phone _____ Alternate Phone / Fax _____

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

Name _____ Home Phone _____ Other _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical Insurance Company / Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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 BC Soccer Association, the Thompson Okanagan FC, 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 transported to or from the same, which transportation I authorize.

Signature Date

Relationship to player: Father / Mother / Guardian