



# JUNEAU SOCCER CLUB

## 2018-2019 Waiver

(Note: With permission of the respective Coach, a player may attend up to 2 practice sessions without registering. The intent is to allow prospective players to see if JSC is a good fit.)

### PLAYER INFORMATION

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name (as it appears on his/her birth certificate) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Birthdate(mm/dd/yy) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Grade \_\_\_\_\_

List any medical conditions or considerations the player may have or require \_\_\_\_\_

### PARENT INFORMATION

Father's Name \_\_\_\_\_ Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

NAME \_\_\_\_\_  
Parent/Legal Guardian (PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

NAME \_\_\_\_\_  
Parent/Legal Guardian (PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_