

Clermont Central Soccer Association

PLAYER MEMBERSHIP & MEDICAL RELEASE

Player's Name _____ Gender _____ DOB _____

Grade _____ School Attending _____ Last year's Coach _____

Allergies _____ Other Medical Conditions _____

Players Physician _____ Phone Number _____

Name of Parent/Guardian 1 _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Name of Parent/Guardian 2 _____ Relationship to child _____

Phone _____ Cell Phone _____ Email _____

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

Name _____ Cell Phone _____

Name _____ Cell Phone _____

PARENT/GUARDIAN MEDICAL RELEASE

I/We hereby give my consent for (1) the administration of any treatment deemed necessary by above- named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance thereof. Facts concerning the child's medical history, including allergies, current medications, and any physical ailments or impairments to which the physicians should be alerted.

Name _____ Signature of Parent/Guardian _____ Date _____

WAIVER OF LIABILITY, RELEASE & INDEMNIFICATION

I/We, the undersigned do voluntarily give permission for our child to participate in all USYS and OSYSA activities. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in any such activities and the necessary travel to and from any activity site. We also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the USYS/OSYSA or its/their employees responsible for said loss or damage to personal property. The undersigned further release, waive, discharge, indemnify and covenant not to sue USYS/OSYSA, its/their individual members, its/their employees, agents or anyone acting on its/their behalf, from all liability, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in any USYA/OSYSA activity. We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio in which my/our child may be injured, and that if any portion of this release is determined to be invalid, it is agreed that the remaining provisions of this release shall continue in full force and effect. We further state that we fully and carefully read the above release, understand the contents of the same and sign this release voluntarily and as our own free act and deed.

Name _____ Signature of Parent/Guardian _____ Date _____:

I have read and been informed about the content, requirements, and expectations of Clermont Central Soccer Association (CCSA) Zero Tolerance Policy. I understand that if I have questions (regarding the policy) I will consult a Board Member.

Parent/Guardian Signature _____ Date _____

Please circle one
Jersey Size: YS YM YL AS AM AL AXL
Short Size: YS YM YL AS AM AL AXL

Child has played for Goshen Soccer Before: Yes No
If No circled above - we must have copy of birth certificate for child to play for Goshen Youth Soccer

To Be Completed by Goshen Board Members:

Amount Paid: \$ _____
Payment Method: Cash Check Money Order
Check or Money Order Number: _____