

USYSNV-ODP

Player Registration Form 2007-2008



Player Photo

To be eligible for participation in the 2007-2008 ODP State team tryouts this form must be complete and turned in by November 11th, 2007 (for 96+, 95, 94 age groups) along with the \$75 fee and by December 17th, 2007 (for 93, 92, 91 age groups) along with the \$30 fee and an attached copy of insurance coverage and birth certificate prior to attending any tryout or training session. For the 90 age group, there is no registration fee. Please provide a copy of the front and back of the insurance card. Players who do not submit the above information by the dates specified for your age Group will be ineligible to participate in 2007-2008 ODP program Year.

Tryout #/Color Amount CK# MO# Credits
Player's Name: Birth Date
Address:
City: State Zip
Home Phone: Cell #: Email:
Club Team: Primary/Secondary Position:
Club Coach: Coach Phone:
High School: City: Grad Year: 20

Financial Assistance is Needed: Yes No I would like to be an ODP Volunteer: Yes No

EMERGENCY MEDICAL INFORMATION-MEDICAL RELEASE

Father: Address:
Home #: Work #: Cell #:
Mother: Address:
Home #: Work #: Cell #:
Father's Email: Mother's Email:

In case of emergency, when parents cannot be reached, please contact:

Name: Phone #: Relation:
Name: Phone #: Relation:
Allergies/Medical Condition:
Current or Regular Medications:
Physician's Name: Phone #:
Insurance Company: Phone #:

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and it's Affiliates accepting the registrants for it's soccer program and activities (the "Program"), I hereby release, discharge And/or otherwise indemnify the USSF/USYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participating in the Program and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance or treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE