



Hudson United Soccer Club

Recreational League Registration Form

(S4A, S2K, L2P, Youth, HS)

Registration Form for Soccer4All, Start2Kick, Learn2Play, Youth Recreational League, and High School Recreational League
(Not to be used for Travel, Men, or Women)

IMPORTANT: The registration will not be considered until both forms and payment is received.

Please see Registration Directions below.

Player's Name	
Mother's Name	
Father's Name	
Grade In Fall (if applies)	
Years Playing Experience	
Are there any special needs of which a coach should be aware?	
Special Instructions	
Willing to Volunteer?	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach

Goal Danger Notice

Soccer Goal Danger Notice: Full-size or nearly full-size soccer goals are inherently dangerous and may cause serious injury and/or death resulting from soccer goal tip over and/or tangling in the net. It is the policy of HUSC that no individual shall climb, hang or otherwise interact with its soccer goals (framework or net) other than authorized individuals. I acknowledge by signing below that I have read the Goal Danger Notice and understand that it is my responsibility, at all times, to monitor and be responsible for my actions and the actions of my child/ward whether at a HUSC practice, game, or other sponsored HUSC event or in the presence of an HUSC movable soccer goal.

High School Player Notice

While a paid referee does preside over each game, high school players are not supervised by a coach or other adult affiliated with HUSC before, during, or after each game. Further, high school players may include those age 18 or older if enrolled in high school. If this registration is for a High School Player, I acknowledge by signing below, that I have read the High School Player Notice and that I give permission for my High School Player to participate in a HUSC program.

Publication of Photos

By signing below, I give consent for a photo of me and/or my child to appear on the HUSC web site or in the Hudson Hub.

Signature and Date

As the parent or legal guardian of the above named player, I hereby agree to be bound by the above Goal Danger Notice, High School Player Notice (if applicable) and Publication of Photos

Signature of Parent or Guardian

Date

Registration Directions:

1. Complete the "Hudson United Soccer Club Recreational League Registration Form" (top of this page) in its entirety. Make sure to sign and date the form.
2. Complete the "US Club Soccer YOUTH CLUB REGISTRATION CONFIRMATION" (page 2 of this document) in its entirety. Make sure to sign and date this form as well.
3. Payment: either pay at in person registration, include a check in envelope with registration, or pay on-line (www.hudsonunited.org). Registration Fee = \$80 (discounts may apply).
4. Submit both registration forms (i.e. both pages of this document) either at in person registration or by mailing both forms to

Hudson United Soccer Club
P.O. Box 2170, Hudson, Ohio 44236
Website: www.HudsonUnited.org



714 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 424-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

YOUTH CLUB REGISTRATION CONFIRMATION

Club Name: Hudson United Soccer Club **City:** Hudson **State:** OH
League Name: US Club

I hereby consent to the above-named 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. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

Player's Signature **Date** *Parent/Guardian Signature* **Date**

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ **Birth Date:** _____ **Gender:** Female Male
Street Address: _____ **City:** _____
State: _____ **Zip:** _____ **Email Address:** _____

Parent Name: _____	Home Phone: () _____	Bus Phone: () _____	
Email Address: _____	Cell Phone: () _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Name: _____	Home Phone: () _____	Bus Phone: () _____	
Email Address: _____	Cell Phone: () _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	

In an emergency when parent/guardian cannot be reached, please contact the following:
Name: _____ **Phone 1:** () _____ **Phone 2:** () _____
Name: _____ **Phone 1:** () _____ **Phone 2:** () _____

Please list Allergies the player has: _____
 Please list other medical conditions: _____

Physician _____	Phone 1 () _____	Phone 2 () _____	
Medical/Hospital Insurance Company _____		Phone () _____	
Policy Holder's Name _____		Policy Number _____	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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 club, 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 being transported to or from the same, which transportation I hereby authorize.

Signature _____ **Date** _____ **Relation to player:** Father Mother Guardian