

## **Hudson United Soccer Club**

## Recreational League Registration Form

(S4A, S2K, L2P, Youth, HS)

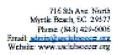
Registration Form for Soccer4All, Start2Kick, Learn2Play, Youth Recreational League, and High School Recreational League
(Not to be used for Travel, Men, or Women)

Please see Registration Directions	not be considered until both forms and payment is received.
Player's Name	below.
Mother's Name	
Father's Name	a a
Grade In Fall (if applies)	
<b>Years Playing Experience</b>	
Are there any special	
needs of which a coach	
should be aware?	
Special Instructions	
Willing to Volunteer?	□ Coach
	☐ Assistant Coach
	Goal Danger Notice
goal tip over and/or tangling in the net. It is the net) other than authorized individuals. I acknow	Ill-size soccer goals are inherently dangerous and may cause serious injury and/or death resulting from soccer policy of HUSC that no individual shall climb, hang or otherwise interact with its soccer goals (framework or vledge by signing below that I have read the Goal Danger Notice and understand that it is my responsibility, at actions and the actions of my child/ward whether at a HUSC practice, game, or other sponsored HUSC event or I.
	High School Player Notice
after each game. Further, high school players m	ne, high school players are not supervised by a coach or other adult affiliated with HUSC before, during, or nay include those age 18 or older if enrolled in high school. If this registration is for a High School Player, I the High School Player Notice and that I give permission for my High School Player to participate in a HUSC
	Publication of Photos
By signing below, I give consent for a photo of n	ne and/or my child to appear on the HUSC web site or in the Hudson Hub.
As the parent or legal guardianof the above na applicable) and Publication of Photos	Signature and Date med player, I hereby agree to be bound by the above Goal Danger Notice, High School Player Notice (if
Signature of Pare	nt 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 (<u>www.hudsonunited.org</u>). 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: <a href="https://www.HudsonUnited.org">www.HudsonUnited.org</a>





## YOUTH CLUB REGISTRATION CONFIRMATION

Club Name:	Hudson United Soccer Club		C	ity: 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		Date	Parent/G	Date			
PLAYER'S MEDICAL INFORMATION							
Player's Name:		Bi	Birth Date:		☐ Female ☐ Male		
Street Address:				City:	•		
State:	Zip: Emai	l Address:					
Parent Name:	,	Home Phone:	( )	Bus Phone:	( )		
Email Address:		Cell Phone:	( )	Receive texts	? Yes No		
Parent Name:		Home Phone:	( )	Bus Phone:	( )		
Email Address:		Cell Phone:	( )	Receive texts	? □Yes □No		
In an emergen Name: Name:	cy when parent/guardian	cannot be reached, p Phone 1:	lease co	ntact the following: Phone 2: Phone 2:	( )		
20 10 X X 1 10 MM							
Please list Allergie:							
Please list other m	edical conditions:						
Physician		Phone 1	( )	Phone 2	( )		
Medical/Hospital In		<i>it</i>		Phone	( )		
Policy Holder's Nar	me			Policy Number	I.		
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		