

PO Box 29308  
Greensboro, NC 27429  
336.856.7529

Excess policy to any valid and collectible insurance. If there is no primary insurance on a player, this policy is primary after the deductible.

Player First Name	M Initial	Last Name	Full Team Name [ ] Challenge [ ] Classic [ ] Recreation			Jersey # [ ] Male [ ] Female
Birth Date	Social Security Number (optional)				Sex	
Address of Player		City	State	Zip		
Parent/Legal Guardian Full Name		Home Phone	Work Phone	Cell Phone		
Additional Person to Contact in an Emergency		Address	Home Phone	Cell Phone		
Date of Last Tetanus Shot	Medications now being taken					

Player is Allergic to these Medications and Substances \_\_\_\_\_

List any Unusual Health Information \_\_\_\_\_

I (we) \_\_\_\_\_, residing in the county of \_\_\_\_\_  
(Parent/Legal Guardian Full Name)

state of \_\_\_\_\_, the parents/legal guardian of the above mentioned Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the United States Youth Soccer Association, 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), we 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 we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the minor child, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize \_\_\_\_\_ or \_\_\_\_\_, or any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.

The undersigned, being the parents/legal guardians of the Registrant, have read and fully understand and agree to this WAIVER OF LIABILITY.

(initial box)

Insurance Information:  
Name of Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

SUBSCRIBED AND SWORN TO (or affirmed) BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

County of \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Stamp Here  
(PLEASE STAMP ALL THREE COPIES)