

US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH

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|--------------------------|----------|----------------------|-----------------------------|-------------|---------------|
| League Name | | OYSAN STATE LEAGUE | | Age Group | Male / Female |
| Club/Team Name | | | | | |
| CLAYMORES SOCCER CLUB | | | | | |
| Last Name | | First Name | | Initial | |
| Address | | | | City | |
| State | Zip Code | Area Code/Tel Number | Email | | |
| Last Club Team Played On | | | Birth Date (Month/Day/Year) | Player ID # | |

Liability Waiver Form

I, the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

Parent/Guardian

Signature: _____ Date: _____

Consent for Medical Treatment (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel 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 and/or treatment.

Parent/Guardian

Signature: _____ Date: _____