



PLAYER REGISTRATION FORM

South Valley United Soccer Club



PLAYER INFORMATION

Name: _____ Gender: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone Contact: _____

Field Position: _____ 2nd Choice Position: _____

2016 Club Affiliation: _____

Relevant Medical Conditions: _____

PARENT OR GUARDIAN INFORMATION

Fathers Name: _____ *If any of the following is the same as above, indicate as such.*

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone Contact: _____

Contact Email: _____

Mothers Name: _____ *If any of the following is the same as above, indicate as such.*

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone Contact: _____

Contact Email: _____

As the parent/legal guardian of the above-named player or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I agree to hold harmless the South Valley United Soccer Club and its agents and employees and hereby release them from any liability on account of injuries sustained by the player while participating in any activities. I give consent for the above player to be photographed, videotaped or filmed while participating in any soccer activities and the resulting photos/film to be used by SVU and its agents and employees and promotional purposes. I have read and understand the above.

Signature of Parent or Legal Guardian: _____ Date: _____