

MIDVIEW SOCCER LEAGUE Registration for Existing Players

US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: *LORAIN COUNTY SOCCER LEAGUE* Age Group: _____ Male/Female: _____

Club/Team Name: *MIDVIEW SOCCER LEAGUE* Inhouse T-Shirt Size: YS YM YL AS AM

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Child's Birth Date: _____ Grade in School: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Mother's DOB: _____

This is for Registration Purposes only.

Existing Team/Coach _____

WAIVER OF LIABILITY:

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.

I acknowledge that I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form with the intent to be bound by its terms and conditions.

I acknowledge that I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

I acknowledge that I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form with the intent to be bound by its terms and conditions.

Parent/Guardian Signature: _____ Date: _____

Please Note: Once my child's registration fees are paid to Midview Soccer League, they are non-refundable unless a written note from a doctor or dentist can be provided. Then only upon board approval, a refund will be issued.

For League Use Only

BC on File Y / N

Double Card Y / N Team _____

League AASL / NOGSL / LCSL

PD _____ (CK#) (\$50.00/\$150.00 max per family)