



MOBILE SOCCER CLUB, INC.
 P. O. Box 8363
 Mobile, Alabama 36689
www.mobilesoccerclub.org



A Federally Recognized
 501 (c) 3 Nonprofit Organization
 Federal Tax ID Number
 62-1207290



Player Information & Medical Authorization

Name:		Date of Birth:	Age:
School Attending:		Expected Graduation Year: _____	Gender:
U. S. Citizen: Yes _____ No _____		Player Email Address:	
Street Address:		Cell Phone:	
City/State/Zip:		Home Phone:	
Father's Name:		Mother's Name:	
Father's Email:		Mother's Email:	
Father's Cell Phone: ()		Mother's Cell Phone: ()	
Father's Work Phone: ()		Mother's Work Phone: ()	
Emergency Contact Name:		Emergency Contact Phone: ()	
2nd Emergency Contact Name:		2nd Emergency Contact Phone: ()	
Allergies:			
Other Medical Information:			
Injuries in past 12 months:			
Player's Physician:		Home Phone ()	Office Phone: ()
Medical Insurance Company:		Telephone: ()	
Policy Holder:	Policy Number:	Group Number:	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

Recognizing the possibility of physical injury associated with soccer and in consideration for the Alabama Youth Soccer Association, USSF/USYSA, the Mobile Soccer Club, Inc. and/or US Club Soccer and their affiliates accepting the registrant for its program(s) and activities, I hereby release, discharge and/or otherwise indemnify the aforesaid Alabama Youth Soccer Association, USSF, USYSA, the Mobile Soccer Club, Inc., the City of Mobile, Alabama, the City of Daphne, Alabama and/or US Club Soccer and their 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 of said organizations and/or being transported to or from the same, which transportation I hereby authorize. I understand that medical insurance is not the responsibility of the Alabama Youth Soccer Association, USSF, AYSA, US Club Soccer, the City of Mobile, Alabama, the City of Daphne, Alabama or the Mobile Soccer Club, Inc. and that primary insurance coverage is my responsibility. My son/daughter has received a physical examination by a physician and is physically capable of participating in the program for which I am registering them. 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 my son/daughter with medical assistance and/or treatment. I hereby authorize transportation (emergency or otherwise) to a medical treatment facility should that be deemed warranted. I authorize and execute my consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney(s)-in-Fact for the health and well-being of my above named child and I agree to be responsible financially for the reasonable cost of such assistance and/or treatment. This Special Power of Attorney and Hold Harmless Agreement shall be effective upon submission of this registration and shall continue in effect until my child is no longer a participant in said program.

I hereby consent to the above named Club registering me with the USSF and US Club Soccer or AYSA, I understand that I may be registered to only one Club at a time.

I/we further give permission to have our child's photographs/images used by MSC and its affiliates for news releases, website, advertising, brochures, flyers and any other media for informational or promotional purposes.

Player Signature:	Date:
Parent/Guardian Signature:	Date:

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

SEAL