

CSC Academy Registration



Player's Full Name: _____

Player's Primary Home Address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Player's Email (if applicable): _____ Gender: M / F

Player's Birth date (MM/DD/YYYY): _____ / _____ / _____ Current Age: _____

School Currently Attending: _____ Current Grade Level: _____

Father's Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Work/cell Phone: _____ Email: _____

Mother's Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Work/cell Phone: _____ Email: _____

Liability Waiver:

As parent/guardian, I release the above-named child to participate in the current Corvallis Soccer Club Academy sessions. I release Corvallis Soccer Club and its agents from any liability for injury resulting from participation.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Authorization for Emergency Medical Care (Waiver):

Name and phone number of person, other than parent or guardian, to contact and who is authorized to approve emergency medical treatment:

Name: _____ Home Phone: _____ Work Phone: _____

Player's Family Doctor: _____ Phone: _____

Player's Family Dentist: _____ Phone: _____

Family Health Insurance Co. (that covers player): _____

Policy ID No.: _____ Group ID No.: _____

In the event that reasonable attempts are made to contact me/us at the above locations, or other person(s) designated above, but are unsuccessful, full authorization is given for: 1) the administration of any treatment deemed necessary by a licensed trainer, medical practitioner or team coach and 2) the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, to provide authority and power on the part of team coaches and aforementioned agent(s) to give reasonable care.

Facts are given below concerning the player's medical history that a medical practitioner should know.

Allergies: _____

Allergies to specific medications: _____

Glasses or Contacts (Y/N): _____ False Teeth or Bridgework: _____

Any previous significant medical problems: _____

Any other relevant medical conditions: (attach additional information as necessary): _____

Date of last Tetanus booster: _____

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

***** Club Official Use Only*****

Club Fee Paid: _____, Player Contacted: _____, Invited to Play: Yes _____ No _____