14497 N Dale Mabry Hwy, Suite 201
Tampa, Florida 33618
Phone: (813) 963-3909
Fax: (813) 963-3807
Email: jeff.mcraney@uslsoccer.com
Website: http://supery.uslsoccer.com

Super-20/Super Y-League Registration and Medical Waiver

Club Name: SCHULZ ACADEMY **City:** BOCA RATON **State:** FL

I hereby consent to the above-named club registering me with United Soccer Leagues (USL) Super-20 and/or Super Y-League. I understand that I may be registered to only one USL Super-20/Super Y-League member club at any time.

Player's Signature	***Date***	***Parent/Guardian Signature***	***Date***

PLAYER'S CONTACT INFORMATION

Player's Name Birth Date

Street Address City Zip

Email Address

Father's Name Home Phone ( ) Bus Phone ( )

Mother's Name Home Phone ( ) Bus Phone ( )

In an emergency when parent/guardian cannot be reached, please contact the following:

Name Home Phone ( ) Bus Phone ( )

Name Home Phone ( ) Bus Phone ( )

PLAYER'S SOCCER EXPERIENCE:

Preferred Position (Circle One) Goalkeeper Defender Midfielder Forward

Current Club/Team:

Other Teams: ODP/Year: Region Team/Year: National Team/Age:

PLAYER'S MEDICAL INFORMATION

Allergies

Other Medical Conditions

Physician Home Phone ( ) Bus Phone ( )

Medical/Hospital Insurance Company Phone ( )

Policy Holder's Name Policy Number

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue USISL, Inc, (d.b.a. United Soccer Leagues), its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach, and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from United Soccer Leagues will cause the participant to be removed from the Program. (Revised 09/01/05)

Parent/Guardian Signature_____ **Date**_____
(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature_____ **Date**_____
(Participant's Signature is required if participant is 18 years of age or older)