

**US Youth Soccer Player Membership Form**  
**OHIO YOUTH SOCCER ASSOCIATION NORTH**

League Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Club/Team Name: \_\_\_\_\_ Player ID #: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Area Code/Tel. Number: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Last Club Team Played On: \_\_\_\_\_

Mother's Birth Month & Day: \_\_\_\_\_

**WAIVER OF LIABILITY:**

By checking one of the boxes below, 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.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration 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 it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, 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; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL CONSENT FOR MEDICAL TREATMENT:**

By checking one of the boxes below, 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.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration 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 electronically with the intent to be bound by its terms and conditions.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT:**

We, the undersigned, have read, understand and agree to abide by the GAASA Code of Conduct ([www.gaasa.org](http://www.gaasa.org)) which is in place as of the date indicated below. We also agree to accept actions taken by GAASA and/or the Club for failure to conform to the Code of Conduct.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Player Release Waiver:**

I understand that my child by registering for the fall is committing to play with this team for the entire soccer year and that the club will respect that commitment. However if we fail to affirm this commitment, through whatever process used by the club for all of its players, by the posted team registration date for spring play in the league in which the team plays we accept the decision of the club to release our child from this commitment.

Players Name: \_\_\_\_\_ Club & Team Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_