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## ADULT PLAYER REGISTRATION AND WAIVER Medical Insurance Option

**Team & League Name** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at a time. [Note: it will not be necessary to complete this form again as long as I am with the same club or team].

\_\_\_\_\_  
**Player's Signature** **Date**

### PLAYER'S INFORMATION

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

**In an emergency, please contact the following:**

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

*I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.*

*I hereby release, discharge, and otherwise indemnify my club and team, US Club Soccer, their sponsors, the USSF and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in US Club Soccer programs and competitions.*

*I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a medical roster with player information has been submitted to US Club Soccer, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, US Club Soccer.*

**Player's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_