

SANTA ROSA UNITED
PLAYER INFORMATION SHEET

Name: _____
Last First Middle Initial

Date of Birth: _____ **Age Group** _____ **Gender** _____

Address: _____
Number & Street City Zip Code

Phone: _____
Home Father—work/cell Mother—work/cell

Email address (s) : _____

Last Club/Team Affiliation: _____ **Name of Coach:** _____

List any physical issues or limitations we should be aware of:

List any prescription medication(s): _____

Liability Release

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the United State Soccer Federation (USSF), United States Youth Association (USYSA), California Youth Soccer Association (CYSA), Santa Rosa Youth Soccer League (SRYSL), Santa Rosa United Youth Soccer Club (SRU), its affiliated organizations and its sponsors (collectively the "Parties"). In consideration of the player's participation in the soccer tryouts, programs and activities of the Parties (the "Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Parties, the owners, and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the Parties the right to use the player's name, picture, and/or likeness in printed, broadcast and other media concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ **Player:** _____
Print Name of Parent/Guardian Print Name of Player

Signature: _____ **Signature:** _____
Parent/Guardian Player

Date: _____ **Date:** _____

Consent For Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: _____ **Address:** _____
Parent or Guardian

Phone: Home _____ Bus. _____
City: _____ **State:** _____ **Zip Code** _____