



Northwest United Soccer Club Registration Form



Participant Information

Player's Name: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Birth Date: _____

[Reg. Fee: \$ _____ Check #: _____ Cash]

Medical Disclosure

Physician's Name: _____ Phone: () _____

Circle the appropriate choice (yes/no)

No I am not aware of any health problem or medical condition that will prohibit my son/daughter from participating in this program.

Yes I am aware of the following health problem or medical condition that may affect my son/daughter from participating in this program.

Please describe condition: _____

If neither the parents nor the physician can be contacted in case of serious injury or illness, I authorize Northwest United Soccer Club to take such emergency action as may be deemed necessary including transportation to a hospital or medical center. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue comfort.

Signature of Parent or Guardian: _____ Date: _____