



# VALLEY PRE-OLYMPIC DEVELOPMENT PROGRAM REGISTRATION FORM - 2011 TRYOUTS

Please complete the **ENTIRE** form

PLAYER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLAYER'S EMAIL ADDRESS \_\_\_\_\_ PLAYER'S CELL NUMBER \_\_\_\_\_

PLAYER'S SHIRT SIZE: \_\_\_\_\_ PLAYER'S SHORT SIZE: \_\_\_\_\_

Check One: Male \_\_\_\_\_ Female \_\_\_\_\_ Current Club Team: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Coach's Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

CELL PH ( ) \_\_\_\_\_ HOME PH ( ) \_\_\_\_\_ WORK PH ( ) \_\_\_\_\_

### LIST ANY MEDICAL PROBLEMS PLAYER HAS:

Medical Conditions: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ PH ( ) \_\_\_\_\_

**Make checks payable to - STYSA ODP - in the amount of \$25.00**



**OLYMPIC DEVELOPMENT PROGRAM  
PLAYER MEDICAL RELEASE FORM**

PLAYER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY INFORMATION**

MOTHER'S NAME \_\_\_\_\_

HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

**IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

NAME \_\_\_\_\_

HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_

HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER MEDICAL CONDITIONS \_\_\_\_\_

PLAYERS PHYSICIAN \_\_\_\_\_

HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

MEDICAL AND/OR HOSPITAL INS. CO. \_\_\_\_\_

PH (\_\_\_\_) \_\_\_\_\_

**(PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM)**

POLICY HOLDER \_\_\_\_\_ POLICY# \_\_\_\_\_

GROUP # \_\_\_\_\_

**PARENTS APPROVAL AND MEDICAL RELEASE**

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USYSA AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USYSA, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE "PROGAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

MY SON/DAUGHTER HAS RECEIVED A PHYSICAL EXAMINATION BY A PHYSICIAN AND HAS BEEN FOUND PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20 \_\_\_\_\_

**NOTARY PUBLIC** \_\_\_\_\_ **MY COMMISSION EXPIRES** \_\_\_\_\_

**(RAISED SEAL OR ORIGINAL STAMP - NOTARY SEAL IS MANDATORY)**