



Office Use Only

Mail form to:		Registration Type:	Payment Amount
OK Texans Soccer		<input type="checkbox"/> Individual	<input type="checkbox"/> Cash <input type="checkbox"/> Check
PO Box 2912		<input type="checkbox"/> Team	# _____
Tulsa, OK 74101		Proof of Birth: Y N	
(918) 582-6001	(918) 582-4421 fax	Team: _____	



CLUB REGISTRATION CONFIRMATION

Club Name **OK TEXANS SOCCER CLUB** City **TULSA** State **OK**

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 any time.

PLAYER FULL NAME (As it appears on the birth certificate): _____ Goes By: _____

Home Phone: _____ Date of Birth: _____ Gender: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Ordering Uniform: No Yes Jersey # _____ I am (RETURNING WITH) or (REQUESTING) this number.

Jersey Size: (ADULT) (YOUTH) S M L XL Shorts Size: (ADULT) (YOUTH) S M L XL Socks Size: Youth Adult

The above soccer player has been granted permission to attend and participate in and with teams, leagues, tournaments, Camps and other soccer activities sponsored by the United States Youth Soccer Association. In exchange for the privilege of the player participating in these activities, I waive any legal claim against those associated with these soccer activities in the event the player is injured while participating in these soccer activities, and travel to and from the same.

I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic to provide the player with Medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

FATHER (please print) _____

MOTHER (please print) _____

FATHER'S Signature _____ Date _____

MOTHER'S Signature _____ Date _____

Email: _____ Cell _____

Email: _____ Cell _____

PLAYER'S MEDICAL INFORMATION: In an EMERGENCY when parents cannot be reached, contact: (please print)

(1) Name _____ Home #: _____ Work #: _____ Cell #: _____ Relationship: _____

(2) Name _____ Home #: _____ Work #: _____ Cell #: _____ Relationship: _____

ALLERGIES: _____ Other MEDICAL CONCERNS: _____

FAMILY PHYSICIAN _____ Phone: _____ INSURANCE CARRIER _____

Policy Holder's Name: _____ Policy Number: _____ Insurance Carrier Phone: _____

Media Release: OK Texans Soccer Club, Inc., utilizes photographs of Club teams, coaches, and players on the Internet and in various publications. When such photographs are used, only first names of players will be published - no other personal or contact information on players will be published under any circumstances. Please affirm your consent for OK Texans Soccer Club, Inc., to publish photographs of your Child under these conditions.

I agree Parent / Guardian Signature: _____ Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment Facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Relation to player: father mother guardian Date: _____

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public: _____