



GREATER LONG BEACH SOCCER CLUB
Player Registration Form

Directions: Please type or print clearly this entire form. Bring completed form to tryout.

Player Name: _____ Parent Name(s): _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Date of Birth: _____ Team Trying Out For: Boys/Girls U _____

Team Last Played For: _____ Position(s): _____

LIABILITY WAIVER:

I the Parent/Guardian of the player named hereon acknowledges that participation in the sport of soccer, as in any sport may result in injury. The undersigned Parent/Guardian therefore releases the Greater Long Beach Soccer Club, its teams, agents, officers, coaches, players, from all liability and responsibility for any claim, damage, or legal action on behalf of the player or players parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

Name (Parent/Legal Guardian): _____

(Please Print Full Name)

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (Minor)

As the Parent/Guardian of the above named player, I give my 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.

Name (Parent/Legal Guardian): _____

(Please Print Full Name)

Signature: _____ Date: _____