



INDIVIDUAL PLAYER 2010 REGISTRATION PACKET

PLAYER'S NAME: _____

TEAM: _____

	CHECK WHEN COMPLETED
Player Online Registration (trivalleysoccerclub.com registration tab)	<input type="checkbox"/>
Copy of Birth Certificate / Passport (if new player on TVSC U9-U18 team, email to atontztrivalley@aol.com prior to meeting)	<input type="checkbox"/>
US Club Form (included in packet)	<input type="checkbox"/>
TVSC Medical Form w/Insurance Card (included in packet)	<input type="checkbox"/>
Signed Parent Code of Conduct (included in packet)	<input type="checkbox"/>
Signed Player Code of Conduct (included in packet)	<input type="checkbox"/>
Small Face Picture, in Color, w/o Hat ((1.5 in x 1 in) to be used for player pass)	<input type="checkbox"/>
1st Installment Check (written out to TVSC, bring to 1st parent meeting)	<input type="checkbox"/>
Bring Packet to 1st Team Parent Meeting (questions, email atontztrivalley@aol.com or call 925.323.6191)	<input type="checkbox"/>



716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

YOUTH CLUB REGISTRATION CONFIRMATION

Club Name _____ **City** _____ **State** _____

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. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

Player's Signature **Date** **Parent/Guardian Signature** **Date**

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____
 Street Address _____ City _____ State _____ Zip _____
 Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____
 Mother's Name _____ Home Phone () _____ Bus Phone () _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone () _____ Bus Phone () _____
 Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____
 Medical/Hospital Insurance Company _____ Phone () _____
 Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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 _____ **Date** _____

(Relation to player: father, mother, guardian)



2010 Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Email _____ School/grade _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone () _____ Cell/Bus Phone () _____

Mother's Name _____ Home Phone () _____ Cell/Bus Phone () _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone () _____ Cell/Bus Phone () _____

Name _____ Home Phone () _____ Cell/Bus Phone () _____

Allergies _____

Other Medical Conditions _____

Physician _____ Bus Phone () _____ Cell Phone () _____

Dentist _____ Bus Phone () _____ Cell Phone () _____

Medical/Hospital Insurance Company _____ Phone () _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Tri Valley Soccer Club, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, the City of San Ramon and the SRVUSD, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to 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 also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Tri Valley Soccer Club will cause the participant to be removed from the Program.

Parent/Guardian Signature _____ Date _____

(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT



TRI VALLEY
SOCCER CLUB

PLAYER CODE OF CONDUCT

- I will be a good sportsman at all times.
- I will play by the rules at all times.
- I will always exercise self control.
- I will never question the referee on the calls or decisions made.
- I will show respect to the opponent at all times.
- I will never use inappropriate language.
- I will treat players, coaches, and officials as I would like to be treated.
- I will do the best I can each day.
- I will not condone or participate in any hazing activity at any time.
- I will respect our coaches and the decisions they make.
- When traveling, I will always represent my club and team in a very positive manner.
- When training or playing games, I will try to affect the outcome with my work ethic and skill versus what I say.
- I will always strive to get better.

_____, 2010
Name / Signature Date



TRI VALLEY
SOCCER CLUB

PARENT/LEGAL GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent/legal guardian of a child involved with the Tri Valley Soccer Club, I/we agree to abide by and follow these rules and guidelines:

1. I/we will promote the emotional and physical well-being of the athletes ahead of my personal desire to win.
2. I/we will remember that my child plays soccer for his/her enjoyment, not mine.
3. I/we will encourage good sportsmanship through my actions by demonstrating positive support for all players.
4. I/we will provide support for coaches and officials working with the athletes to provide a positive experience for all.
5. I/we will demand that my athlete treat all players, coaches, officials, parents, and spectators with respect regardless of race, creed, color, sex, or ability.
6. I/we will treat all players, coaches, officials, parents, and spectators with dignity. I will not use improper language, poor attitude, behavior or mannerisms.
7. I/we will cheer for my child and his/her team and allow the coach to do his/her job of coaching. I/we will not interfere with or contradict any instructions given by the coach during training sessions or games.
8. I/we understand that making physical contact with any coach, player, or official could result in expulsion from the club.
9. I/we will not taunt or berate any player, coach, or official at anytime.
10. I/we will not enter the field of play at any time during a game. I/we will not enter the field prior to or after a game without the express approval of the TVSC Head Coach.

Our coaching staff's primary responsibility on game day is to provide coaching guidance and instruction and to insure the player's safety on the field. Please respect the coach's responsibilities and the game.

I understand that by signing this document, our family is agreeing to support and abide by this parent/legal guardian code of conduct agreement. Further, failure to comply with this agreement and the terms outlined above may result in disciplinary action up to and including suspension or expulsion from Tri Valley Soccer Club.

Printed Name: _____ Date: _____, 2010

Signature: _____