



Columbus Soccer Organization
 413 4th Ave. S.
 Suite #4
 Columbus, MS 39701

CONTACT US
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 columbusoccerorganization@yahoo.com
 columbusmssoccer.org

CSO Rec Soccer Registration Form

BIRTH YEAR FEES
 2015 -2017 (\$25.00)
 2013 - 2014 (\$35.00)
 2012 and UP (\$50.00)

PLAYER INFORMATION

DATE:

PLAYER NAME _____

DATE OF BIRTH _____ **GENDER** Male Female

SHIRT SIZE: YS YM YL AS AM AL AXL **SHORT SIZE:** YS YM YL AS AM AL AXL **SOCK SIZE:** S M L

GUARDIAN 1 NAME _____ **Email** _____

GUARDIAN 2 NAME _____ **Email** _____

BIRTH CERTIFICATE NUMBER _____

EMERGENCY CONTACT _____ **PHONE #** _____

PLEASE LIST ANY MENTAL OR HEALTH CONDITIONS WE SHOULD KNOW ABOUT YOUR PLAYER

CONTACT INFORMATION

ADDRESS _____

CITY _____ **STATE** _____

ZIP CODE _____ **PHONE #** _____

CELL # _____ **E - MAIL** _____

I, the parent or guardian of the above named player hereby give my approval for participation in CSO recreational soccer. I assume all risks and hazards to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless CSO and its board of directors, sponsors, supervisors, other participants, and organizers, for any claim arising out of an injury to my participant in recreational soccer. Insurance coverage is the sole responsibility of participant parent or guardian. My participant has my permission to receive emergency medical treatment. My participant also has my permission to be photographed or filmed during CSO activities for promotional purposes for the organization.

I acknowledge that I am aware of other CSO policies that pertain to my player can be found at columbusmssoccer.org

SIGNATURE: _____

I WOULD LIKE TO:
 HEAD COACH ASST. COACH SPONSOR THE LEAGUE



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: _____ City: _____ State: _____

League Name: _____

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: _____ Gender: Female Male

Street Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Parent Name: _____ Home Phone: () Bus Phone: ()

Email Address: _____ Cell Phone: () Receive texts? Yes No

Parent Name: _____ Home Phone: () Bus Phone: ()

Email Address: _____ Cell Phone: () Receive texts? Yes No

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

Name: _____ Phone 1: () Phone 2: ()

Name: _____ Phone 1: () Phone 2: ()

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____ Phone 1: () Phone 2: ()

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