

# Southside Soccer Club Membership Application Form

Birth Date: \_\_\_/\_\_\_/\_\_\_      U-\_\_\_

**Player Name: (please print)**

**Address:**

**Home Phone:**

Name

Cell Phone

Email address

Mom- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dad- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Player- \_\_\_\_\_/\_\_\_\_\_

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**Medical:** (does player have any medical condition that we need to be aware of?)

Please Explain on Back Page if additional room is needed: **Yes/No**

Recognizing the possibility of physical injury associated with soccer and in consideration for the Southside Soccer Club (SSC), University of South Carolina, Beaufort (USCB), South Carolina Youth Soccer Association (SCYSA), U.S. Youth Soccer, U.S. Club Soccer & U.S. Soccer Federation, their coaches and respective affiliates allowing the applicant to participate in tryouts, practices and related activities, I hereby release, discharge and indemnify the above named organizations, their affiliates and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the tryouts, practices and related activities, against any claim by or on behalf of the applicant's participation in the previously mentioned activities. I certify that my child has received a physical examination by a licensed physician, who has found the applicant to be physically capable of participating in the tryouts, practices and related activities. I hereby consent for emergency medical care given under whatever conditions are necessary to preserve life and limb.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PLAYER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

