



Grand Junction Soccer Club

A Premier Colorado Soccer Club
 529 25 1/2 Rd. Suite B112 Grand Junction, CO. 81505 (Office in Independence Plaza by Sam's Club)
 Office: 970 242-4550 Fax: 970-242-4971 www.gjsoccer.org Larry@gjsoccer.org

Competitive Soccer Registration _____ Season

Player Name and Address		Birth Date:
		Age:
		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">Picture</div>
Family Contact Phone/Email		
Guardian Names and Cell Phone Numbers		
		# _____

Medical Information and Consent for Medical Treatment (Minor)

List Any Medical Concerns/Allergies _____

Insurance Carrier _____ Policy Number _____

As parent/legal guardian of the above named player, I have listed any known physical or health concerns or restrictions on this player. In addition, I request that in my absence the player be admitted to any hospital or medical facility for diagnosis and treatment 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, and well-being of my dependent and understand that I have not been given a guarantee as to the results of examination or treatment.

Parent(s)/Guardian(s) Initials _____

Permission to Participate and Liability Release

This is to certify that the above named player has my permission to participate in Grand Junction Soccer Club (an affiliate of the United States Youth Soccer Association - "USYSA") activities and agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). I understand that participation in this sports activity could result in injury to my child. These activities include, but are not limited to fitness and skills training, soccer practices, games, and tournaments ("Activities"). In consideration of the player's participation in these soccer Activities, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA

Parties, the owners and operators of the facilities used for the Activities, and their respective directors, officers, employees, agents, volunteers, members, and officials from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Activities including, without limitation, player's transportation to/from any Activity, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast, web, and other material concerning the Activities provided such use is related to the player's status as a participant in the Activities.

Parent(s)/Guardian(s) Initials _____

GJSC Standards of Conduct

Players and Parents/Guardians Agreement

- I acknowledge that it is a privilege to participate in GJSC activities and that this privilege may be suspended or revoked by the GJSC at anytime.
- I will learn, support, and follow the policies of the GJSC, team and tournament play.
- I will educate myself about the rules of the game and behave in a respectful manner at games towards players, coaches, officials, and spectators.

Parent(s)/Guardian(s) Initials _____

As parent/legal guardian of the above named player, I have read ALL of the above GJSC participation policy statements and agree to all of the terms and conditions. I understand that failure to abide by these standards might result in suspension or removal of the player from the GJSC organization or tournament.

Parent(s)/Guardian(s) Signature(s) _____ Date _____