



241 Lakecrest Ave.  
 Baton Rouge, LA 70807  
 (225) 590-0730  
 www.NBRYSA.org

**NORTH BATON ROUGE YOUTH SOCCER REGISTRATION CONFIRMATION**

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

**PLAYER'S MEDICAL INFORMATION**

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

Father's Name	Home Phone (    )	Cell Phone (    )
Mother's Name	Home Phone (    )	Cell Phone (    )

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

Name	Home Phone (    )	Cell Phone (    )
Name	Home Phone (    )	Cell Phone (    )

Allergies
Other Medical Conditions

Physician	Home Phone (    )	Cell 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, Louisiana Soccer Association, 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 NBRYSA programs and/or being transported to or from the same, which transportation I hereby authorize.*

*Signature* \_\_\_\_\_                      *Date* \_\_\_\_\_

**Please attach a copy of the child's birth certification**