



Wake Futbol Club
2021-22 Player Forms

PACKET A

PLAYER'S NAME: _____

Sex: _____ Male _____ Female Player's Birth Year: _____

Competitive Level: _____ Classic _____ Select _____ Challenge _____ Juniors

MAIL COMPLETED PACKET TO:

• Wake FC • PO Box 1211 • Holly Springs, NC 27540

DO NOT STAPLE Forms Together

***Return this cover page plus 2 NCYSA forms and 2 US CLUB forms
(5 Pages Total)***

NCYSA Medical Waiver	Please leave "NCYSA Policy #" blank at top right of form Please leave "jersey number" blank at top line of form Please mark ACADEMY for "Level" if you play Select or Juniors Original signature & date in ink is required at bottom of form Insurance ID Number & Confirmation Number: NCYSA requests your Insurance Member # and Group # or insurance company's phone # Complete this form TWICE
US Club Medical Waiver	Original signature in ink is required at 2 locations on this form Complete this form TWICE

NCYSA & US CLUB forms must be completed yearly

DEADLINE for 2021-22 paperwork is within 2 weeks of accepting the roster spot.

NORTH CAROLINA YOUTH SOCCER ASSOCIATION WAIVER

(To be given to your local association)

20 21 - 2022

NCYSA

PO Box 18229

Greensboro, NC 27419
336.856.7529

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy primary after the deductible.

Wake Futbol Club

Player First Name M Initial Last Name Full Association Name Jersey #
(AS APPEARS ON BIRTH CERTIFICATE)

☐ Academy ☐ Challenge ☐ Classic ☐ Recreation ☐ Male ☐ Female

Birth Date Level Sex

Address of Player City State Zip
NC

Parent/Legal Guardian Full Name Home Phone Work Phone Cell Phone

Additional Person to Contact in an Emergency Address Home Phone Cell Phone

Date of Last Tetanus Shot Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information Email for soccer information

I (we), the undersigned, residing in the county of _____, state of NC, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above-mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing. In addition, NCYSA and the undersigned agree that this agreement may be executed by electronic signatures as provided in Chapter 66 of the North Carolina General Statutes.

Insurance Information:

Name of Insurance Company: _____

Parent/Legal Guardian Signature

ID Number: _____

Confirmation Number: _____

Date

NORTH CAROLINA YOUTH SOCCER ASSOCIATION WAIVER

(To be given to your local association)

20 21 - 2022

NCYSA

PO Box 18229

Greensboro, NC 27419
336.856.7529

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy primary after the deductible.

Wake Futbol Club

Player First Name M Initial Last Name Full Association Name Jersey #
(AS APPEARS ON BIRTH CERTIFICATE)

☐ Academy ☐ Challenge ☐ Classic ☐ Recreation ☐ Male ☐ Female

Birth Date Level Sex

NC

Address of Player City State Zip

Parent/Legal Guardian Full Name Home Phone Work Phone Cell Phone

Additional Person to Contact in an Emergency Address Home Phone Cell Phone

Date of Last Tetanus Shot Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information Email for soccer information

I (we), the undersigned, residing in the county of _____, state of NC, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above-mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing. In addition, NCYSA and the undersigned agree that this agreement may be executed by electronic signatures as provided in Chapter 66 of the North Carolina General Statutes.

Insurance Information:

Name of Insurance Company: _____

Parent/Legal Guardian Signature

ID Number: _____

Confirmation Number: _____

Date



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: Wake Futbol Club

City: Holly Springs

State: NC

League Name: N/A

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: NC 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



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: Wake Futbol Club

City: Holly Springs

State: NC

League Name: N/A

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: NC 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