



**Wake Futbol Club**  
**2023-24 Player Forms**

ATHLETE'S FIRST & LAST NAME: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Athlete's Birth Year: \_\_\_\_\_

**MAIL COMPLETED PACKET TO:**

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

*Return this cover page plus 2 NCYSA waivers and 2 US CLUB forms  
via regular, US Postal mail  
(5 Pages Total)*

**DO NOT STAPLE Forms Together**

<b>NCYSA Medical Waiver</b>	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 <b>in ink</b> is required at bottom of form Insurance ID Number & Confirmation Number: NCYSA requests your Insurance Member # and Group # or insurance company's phone # <b>Complete this form TWICE</b>
<b>US Club Medical Waiver</b>	Original signature & date <b>in ink</b> is required at bottom of form <b>Complete this form TWICE</b>

**NCYSA & US CLUB forms must be completed yearly**

**DEADLINE for 2023-24 paperwork is within 2 weeks of accepting the roster spot.**

# NORTH CAROLINA YOUTH SOCCER ASSOCIATION WAIVER

(To be given to your local association)

20 23 - 2024

## 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

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

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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

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

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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



## US Club Soccer Form R002

### Player Information, Medical Treatment Authorization, Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.

**Member Organization / Club Name:** Wake Futbol Club (Wake FC) **State:** NC

**Player information:**

Full name:	Birth Date:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address:	City:	
State:	ZIP Code:	Email address (for adult player only):
Allergies:		
Other medical conditions:		
Physician:	Phone #1: ( )	Phone #2: ( )
Medical/Hospital Insurance Company:	Phone #: ( )	
Policy Holder's Name:	Policy Number:	

**To be completed for non-adult players:**

Parent/Guardian #1 Name:	Phone #1: ( )	Phone #1 Type:
Email Address:	Phone #2: ( )	Phone #2 Type:
Parent/Guardian #2 Name:	Phone #1: ( )	Phone #1 Type:
Email Address:	Phone #2: ( )	Phone #2 Type:

**In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:**

Name:	Phone #1: ( )	Phone #2: ( )
Name:	Phone #1: ( )	Phone #2: ( )

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

**Medical Treatment Authorization and Liability Waiver/Release:** I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above 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, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

**Privacy Policy & Terms of Use:** I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usclubsoccer.org. The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

**AGREED AND ACCEPTED:** I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

Signature of player (if an adult) or parent/guardian (if player is a minor)

Relation to player (if applicable)

Printed name of signee

Date

**IMPORTANT NOTICE: ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org].**



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**Member Organization / Club Name:** Wake Futbol Club (Wake FC) **State:** NC

**Player information:**

Full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email address (for adult player only): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**To be completed for non-adult players:**

Parent/Guardian #1 Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #1 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #1 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

**In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

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