



REGISTRATION & LIABILITY/MEDICAL RELEASE



Player/Registrant Information

First Name (as it appears on Birth Certificate)		Last Name (as it appears on Birth Certificate)		Name you go by:		Sex	
Birth Date		Home Phone		Email Address			
Street Address				City		State	Zip

Parent Information - Mother

First Name	Last Name	Cell Phone	Wk Phone	Email		
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Parent Information - Father

First Name	Last Name	Cell Phone	Wk Phone	Email		
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In an emergency, when parents cannot be reached, please contact:

First Name	Last Name	Cell Phone	Wk Phone		
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Medical Information

Primary Medical and/or Hospital Insurance Company			Phone		
Policy Holder		Policy #		Group #	
Known allergies or other pertinent information					

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

CLUB MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I, the parent/guardian of the registrant/participant, hereby give my consent for his/her participation in Coast Futbol Alliance and/or Ocean Strand Soccer Inc programs. I assume all risk(s) and hazard(s) incidental to the conduct of such programs. I/we will abide by all rules of Coast Futbol Alliance and Ocean Strand Soccer Inc. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge and/or otherwise indemnify Coast Futbol Alliance and Ocean Strand Soccer Inc, their officers and directors, employees, associated personnel, agents, volunteers and sponsors, including owners of facilities utilized for such programs against any and all claim(s) by or on behalf of the registrant/participant as a result of the registrant/participant's participation in such programs, and/or being transported to or from same, which transportation I hereby authorize. I hereby give my consent for any and all medical attention to be administered to my child in the event of an accident, injury or sickness, etc. I will be financially responsible for such medical attention.

US CLUB SOCCER 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 registrant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the registrant/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 the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

USYS/USS/SCYSA PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

PLAYER FEE(S) OBLIGATION AND REFUND POLICY

I acknowledge that I am aware of the published fee schedule of Coast FA and Ocean Strand Soccer Inc and agree to pay all applicable fees for the entire seasonal year from August 1st through May 31st whether my child participates for the entire seasonal year or not. Coast FA reserves the right to place a hold on any player transfers in which there remains a balance due and reserves the right to suspend a player in whom there is a delinquent balance on such player's account. No refunds will be applicable after August 1st except for certifiable injury or the participant moves away from the greater Grand Strand area. In the event of a refund, only that part of the applicable fees that have not been expensed shall be refunded.

Parent/Guardian Signature: _____ Date: _____

Scan & email to DenaMauney@yahoo.com or Mail to Dena Mauney, 59 Willowbend Dr, Murrells Inlet SC 29576



Coast FA Parent/Guardian Code of Conduct

As the parent(s) and/or legal guardian of a registered player with the Coast FA, I understand and agree to the following:

1. I agree to support Coast FA and their teams in requiring players to abide by the Player’s Code of Conduct.
2. I understand that the game is for the children and not for the adults.
3. I will not use or possess tobacco, alcohol, illegal drugs or weapons while attending South Carolina Battery Academy matches.
4. I will not under any circumstance make derogatory or negative comments to my child or any other child. I will only make positive comments to our team players and our opponent’s players and families.
5. I will not under any circumstances verbally abuse or threaten any physical abuse to any coach or referee.
6. If I disagree with a call made by a referee, I will not verbally harass or threaten the referee; and I understand that Coast FA may sanction any spectator who verbally abuses or assaults a referee, coach or staff member..
7. I will not coach my child or other players from the sidelines and it is understood that only coaches and not parents shall provide instructional input during games.
8. I understand that using obscenities (foul language) is considered verbal abuse and is strictly prohibited and that the referee can instruct any spectator guilty of using obscenities to leave the venue.
9. I understand that as a parent/guardian of a Coast FA player, I am responsible for the behavior of all of my team’s guests/spectators and that they shall act in accordance with this Code of Conduct.
10. I understand and agree to not publically embarrass or criticize Coast FA, any team players or teammates, coaches, staff or SCYSA (via social media, public forums, verbally or in any public manner).
11. I understand that if I am in violation of this Code of Conduct, I may be asked by the coaches and/or staff to leave a game and may be suspended from attending subsequent games if my behavior is deemed to be negatively reflecting upon the club. Termination from Coast FA with no refund would be our final option.
12. I agree to abide by the Coast FA 24 hour rule. The rule is intended to protect Coast FA coaches and administrators when parents become upset during matches. I will not approach a coach or administrator at the match or training session in front of the kids. I agree to wait 24 hours after a match before contacting my coach via phone or email to discuss any issue that I am upset about. If I am not satisfied with his / her explanation I agree to contact the club's DOC Ross Morgan. All coaches contact info can be found on www.coastfa.com.

All parents and Legal Guardians of the registered player sign below.

Player Name _____ Date _____

Parent/Guardian Name(print) _____ Parent/Guardian Signature _____

Parent/Guardian Name(print) _____ Parent/Guardian Signature _____

Sincerely, Heyward Gullede
Treasurer/Coast FA (843) 602-8086



Coast FA Player Code of Conduct

As a registered player with the Coast FA, I understand and agree to the following:

1. It is every player's obligation to be on time and attend all scheduled training sessions, matches and tournaments. Tardiness affects the entire team and there will be consequences for players that are tardy to events.
2. Soccer is a team sport and each player is required to be respectful and supportive to their teammates at all times.
3. The use of alcohol, illegal drugs and tobacco products is strictly forbidden at any Coast FA activity. Engaging in this behavior will result in disciplinary action, including, but not limited to, the player being sent home, at the parent's expense and being expelled from the team. .
4. Players will need to bring enough money to cover all meal or other expenses while traveling.
5. I understand and agree to not publically embarrass or criticize Coast FA, any team players or teammates, coaches, staff or SCYSA (via social media, public forums, verbally or in any public manner).
6. Players are expected to act professionally and responsibly at all times. Player's actions and public displays (both actions and social media) are a reflection of the club. This includes language as well as actions.

Player Signature Date ...

Player Name (printed)...

Sincerely,
Heyward Gulledge
Treasurer/Coast FA
(843) 602-8086