



Texas Rush Soccer Club Registration Form
2204 Timberloch Pl. , #225
The Woodlands, Texas 77380
Office 281-298-2180 www.texasrush.com Fax 281-298-8734

Fall / Spring / Summer

Year: _____

Program: _____

Player Information

| | | | |
|---------------------|----------------------|---------------|-----------------|
| Player's First Name | Player's Last Name | Date of Birth | Gender (circle) |
| | | | Male / Female |
| Street Address | City | State | Zip |
| | | | |
| Primary Email | Primary Phone Number | School | Grade |
| | | | |

Parent Information

| | |
|--------------------------------|--------------------------------|
| Mother's Name (First and Last) | Father's Name (First and Last) |
| | |
| Mother's Cell/Work Phone | Father's Cell/Work Phone |
| | |
| Mother's Email Address | Father's Email Address |
| | |

Medical / Treatment Waiver:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, US Club, USSF, and their affiliated organizations and sponsors, including Texas Rush, recognizing the possibility of physical injury associated with soccer and in consideration by USYSA, US Club, and/or USSF accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify USYSA, US Club, USSF, affiliated organizations and sponsors, including Texas Rush, employees and associated personnel, including the owners of fields and facilities utilized for 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 I hereby authorize. _____ (parent/guardian initials)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: As parent or legal guardian of the above-named registrant, 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. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. _____ (parent/guardian initials)

Parent/Guardian Signature _____

Date: _____

Parent/Guardian (please print) _____