



SOCCER BELLES, INC.
SPRING 2025 Registration Form
Player Information, Medical Treatment Authorization

Player Information		
Full Name:		Birth Date:
Street Address:		
City:	State:	Zip:
Any known allergies:		
Other medical conditions:		
Youth Shirt Size (S, M, L, XL): (S: 6-8Y, M: 10-12Y, L: 14-16Y, XL: 18-20Y)	Youth Pants Size (S, M, L, XL):	Preferred Player # (for back of shirt): (1 or 2 digits only please)
Additional information we should know:		
Parent/Guardian Information		
Parent/Guardian #1 Full Name:		
Email Address:		
Telephone:		
Parent/Guardian #2 Full Name:		
Email Address:		
Telephone:		
Emergency Contact Information		
In an emergency, when a parent/guardian cannot be reached, please contact the following:		
Name:	Telephone:	
Name:	Telephone:	

In signing below, I hereby consent to the above-named member organization/club registering my child, as applicable, with Soccer Belles.

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 Soccer Belles 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, its agents, contractors and sponsors, Soccer Belles 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 Soccer Belles programs and/or being transported to or from the same, which transportation I hereby authorize.

Photos taken during Soccer Belles sessions, outings, parties, and other group activities may be used on website, promotional photos, social media, newsletters and other media outlets. **Please check here only if you wish to OPT-OUT of this photo release.** ☐

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. All players, parents and guardians are bound by any must comply with all Soccer Belles policies and rules which can be found on the Soccer Belles website (soccerbelles.org). A copy of this form may also be found at soccerbelles.org.

Parent/Guardian Signature

Printed Name of Signee

Date