



# Ocean State Summer Cup 2018 Player Registration



H/S School Playing With \_\_\_\_\_

SRI/USYS Member: \_\_\_\_\_ None: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

**I, the parent/Guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Ocean State Summer Cup (OSSC) and USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the OSSC and USYSA accepting the registration for its soccer programs and activities(the Programs), I hereby release discharge and/or otherwise indemnify the OSSC and USYSA and its affiliated organization and sponsors, their 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 OSSC League.**

**As parent or legal guardian of the above name player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_