2013

US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

PLAYER MEDICAL RELEASE FORM

Last Name_____First_____Middle _____
(Full name as it appears on birth document)
Date of Birth_____ Gender M F

Address_____City_____State_____Zip_____

Phone Numbers ( ) _____ Alt. ( ) _____

EMERGENCY INFORMATION

Mother's Name_____Hm Ph(____)_____Cell PH(____)_____

Father's Name_____Hm Ph(____)_____Cell PH(____)_____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name_____ Hm Ph(____)_____Cell PH(____)_____

Name_____ Hm Ph(____)_____Cell PH(____)_____

Allergies_____

Other Medical Conditions_____

Player's Physician_____Ph(____)_____

Medical and/or Hospital Insurance Co._____Phone(____)_____
(Attach Copy of Insurance Card)

Policy Holder's Name_____Policy Number_____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

PARENT/GUARDIAN NAME: _____
(Please Print)

SIGNATURE OF PARENT/GUARDIAN_____DATE_____

2013
MEDICAL HISTORY QUESTIONNAIRE –US YOUTH SOCCER REGION IV ODP

LAST NAME_____FIRST NAME_____MIDDLE _____

ADDRESS_____CITY_____STATE _____ZIP_____

DATE OF BIRTH_____-_____-_____ GENDER: M___ F___

EMERGENCY CONTACT_____HM PH (___)_____CELL PH (___)_____

PLEASE CIRCLE "**NO**" OR "**YES**" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? **NO**__ **YES**__ (list)_____
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, Anti-inflammatories, antibiotics, etc.)? **NO**__ **YES**__ (List and give reason)_____
3. Have you ever had an epileptic siezure **NO**__ **YES**__
4. Have you ever been told by a doctor that you have epileps **NO**__ **YES**__ (List medication)_____
5. Have you ever been treated for diabetes? **NO**__ **YES**__
6. Have you ever been told by a doctor that you were anemic **NO**__ **YES**__ When?_____
7. Have you ever been told by a doctor that have sickle cell anemia? **NO**__ **YES**__
8. Do you or have you ever had high blood pressure? **NO**__ **YES**__ (List medication) _____
9. Do you or have you ever had the following diseases?
   NO__ **YES**__ (give date)_____heart disease (heart murmur, rheumatic fever)
   NO__ **YES**__ (give date)_____lung disease (pneumonia)
   NO__ **YES**__ (give date)_____kidney disease (infectious)
   NO__ **YES**__ (give date)_____liver disease (mononucleosis, hepatitis)
10. Do you or have you ever been told by a doctor that you have asthma? **NO**__ **YES**__ (list medication)_____
11. Do you or have you ever had a hernia or "rupture"? **NO**__ **YES**__ Has it been repaired_____Date_____
12. Have you ever been "knocked out" (unconscious) in the past 3 years? **NO**__ **YES**__ (list dates)_____
13. Have you had a concussion or other head injury in the past 3 years? **NO**__ **YES**__ (list dates)_____
14. Have you stayed overnight in a hospital due to a head injury? **NO**__ **YES**__ (list dates)_____
15. Do you wear glasses or contacts during competition? **NO**__ **YES**__
16. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET? **NO**__ **YES**__ (circle those which apply)
17. Have you had a broken bone or fracture in the past 2 years? **NO**__ **YES**__ R_____ or L_____
    What bone(s)_____Dates_____
18. Have you ever had a shoulder injury in the past 2 years that disabled you for a week or longer? (dislocation, Separation, etc) **NO**__ **YES**__ R___ or L___ Type of injury_____Date_____
19. Have you ever had shoulder surgery? **NO**__ **YES**__ R__ or L__ What was done & why?_____Date____
20. Have you ever injured your back? **NO**__ **YES**__ Type of Injury_____Date____
21. Have you injured your knee in the past two years? **NO**__ **YES**__ 22. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? **NO**__ **YES**__ R__ or L__
    Date_____
23. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? **NO** **YES** R__ or L__
    Date_____
24. Have you ever had knee surgery **NO**__ **YES**__ R__ or L__ What was done?_____Date_____
25. Have you had a severe ankle sprain in the past 2 years? **NO**__ **YES**__ R__ or L__
26. Do you have a pin, screw, or plate in your body **NO**__ **YES**__ Where in your body?_____Date_____
27. Do you have other conditions that we should be aware of (i.e ulcers, pregnancy, food or insect allergies, tendinitis,etc.)?
    NO__ **YES**__ (specify and give details)_____
28. **DATE OF YOUR LAST IMMUNIZATION:** Tetanus_____ Polio_____ Mumps_____ Rubella_____ Measles_____
    (Do not send a copy of your complete shot record)

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE:

Athlete's Signature_____Parent Signature_____Date_____

2013

UNITED STATES YOUTH SOCCER

Proud Member of the United States Soccer Federation, Inc.

OLYMPIC DEVELOPMENT PROGRAM

INDIVIDUAL PLAYER PROFILE

PERSONAL

Player's Full Legal Name: (First, Middle, Last))_____

Home Address: _____

City: _____ State: _____ Zip:_____Home Phone (_____) _____

Parent Email address: _____ Alt. Email address: _____

Parent's Work Phone (_____) _____ Player Date of Birth:_____

Place Of Birth:_____ U.S. Citizen [ ] Y [ ] N Passport # _____ Exp. Date _____

Nearest Major Airport (Home): _____ School:_____

Local Newspaper: _____ Contact: _____

Mailing Address: _____ Phone (_____)_____Fax (_____)_____

ACADEMIC

Name Of School: _____ Grade: _____* **Year of HS Graduation** _____

Grade Point Ave:_____ SAT Verbal: _____ SAT Math:_____ SAT Composite: _____ ACT: _____

**** Please list graduation year, even if not in High School yet***

Are You Now Attending School Away From Home? [ ] Y [ ] N If Yes, Give Address at School:

Street: _____ City:_____ State: _____ Zip:_____

Special School Related Activities (Non-Athletic):_____

Interested Areas of College Study: 1st Choice _____ 2nd Choice_____

SOCCER BACKGROUND

State ODP Team (yr) _____ Regional ODP Team: (yr)_____

US National Youth Team: (yr)_____ Regional Camp: (yr)_____

Position(S) Played: Primary:_____ Secondary:_____

State Association:_____ State Team Coach:_____

US Youth Soccer Club Team

Name Of Club _____ Number Of Years:_____Home Phone (___)_____

Club Team Coach: _____ Position(S) Played: _____

High School Team

Years of Experience: Junior Varsity: _____ Varsity: _____Home Phone (_____) _____

High School Coach: _____ Position(S) Played: _____

College Team

Years of Experience: _____ Home Phone (_____) _____

College Coach: _____ Position(s) Played: _____

I hereby give my permission for the Regional/National Administrator to provide this information to any college coach upon written request.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

2013

US Youth Soccer
Region IV
PUBLICATION RELEASE FORM

I,_____, as the parent or legal guardian of _____
(Print name of parent or legal guardian) **(Print name of youth player)**

hereby authorize US Youth Soccer and it's members to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name; photograph; address; telephone number; team, registration and playing statistics; college plans; and availability.

X_____ _____
(Date)

Please print the following:

NAME OF YOUTH PLAYER_____

ADDRESS_____

CITY/STATE/ZIP_____

EMAIL ADDRESS_____

HOME ADDRESS_____WORK PHONE_____

TEAM NAME_____

STATE ASSOCIATION_____

AGE GROUP (birth year)_____ Circle: BOYS or GIRLS

US Youth Soccer Olympic Development Program
Proud Member of the U.S. Soccer Federation, Inc.

Participants Agreement to Accept and Abide by Rules of the Program
2013

Players, coaches and chaperones participating in the Olympic Development Program with US Youth Soccer are exercising a privilege afforded them by US Youth Soccer in pursuit of Regional and National recognition as youth soccer players. These players must exhibit the maturity to be successful in this pursuit. Thus, the following guidelines and rules shall apply in all activities within the Olympic Development Program.

I. GENERAL GUIDELINES:

Participants are expected to conduct themselves at all times in a manner which is in keeping with representing US Youth Soccer and will not bring discredit upon the Association.

When traveling with the ODP Program, each participant is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Coach.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws are required for participation in this program.

II. DISCIPLINE RULES:

1. Substance use and/or possession thereof [drugs, alcohol, or, in the case of minors, tobacco] is cause for immediate dismissal from the program.
2. Persistent irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.
5. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season of this program and could affect a player's future participation.

NOTE: If dismissal from the program or an event occurs while traveling, the participant may be sent home immediately at the participant's cost by whatever means is most convenient for the Program Administrators. No reimbursement of program fees will be made to the dismissed participant or the participant's family.

We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.

(Please Print Participant's Name)	(Please Print Parent's or Legal Guardian's Name)
Signature Date	Signature of Parent/Legal Guardian Date

2013

California Youth Soccer Association, Inc.
A Division of United States Soccer Federation
Olympic Development Program

Participants Agreement to Accept and Abide by Rules of Program
"PLAYERS CODE OF CONDUCT"

Players participating in the CYSA Olympic Development Program are exercising a privilege afforded them by CYSA in pursuit of Regional and National Recognition as youth soccer players. These players must exhibit the maturity to be successful in this pursuit. Thus the following guidelines and rules shall apply in all activities within the Olympic Development Program.

I. General Guidelines

Players are expected to conduct themselves at all times in a manner that is in keeping with representing CYSA and will not bring discredit upon the Association.

When traveling with the ODP Program, each player is expected to dress appropriately as befits representing CYSA or as directed by the coach.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator, and observance of State and Federal laws are required for participation in this program.

II. Discipline Rules

1. Substance use and/or possession thereof drugs, alcohol, and/or tobacco by minors is cause for immediate dismissal from the program.

2. Persistent irresponsible and disrespectful behavior is cause for dismissal from the program.

3. Theft or destruction of property or violation of State and Federal Laws is cause for dismissal from the program.

4. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.

5. Failure to comply with any and all CYSA, and USYS rules (curfew, attendance, dress code, schedules, etc.) will be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season. Players that are dismissed from the program will not be entitled to an automatic invite to State pool try-outs the following season.

III. Discipline

Violation of any specific CYSA or US Youth Soccer ODP rules or violation of Section II above will result in immediate dismissal from the CYSA ODP Program.

Note: If dismissal from the program occurs while traveling, the player may be sent home immediately at the parent's cost by whatever means is most convenient for the program Administrators. No reimbursement of program fees will be made to the dismissed player or the player's family.

We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept the actions taken for failure to abide by these guidelines and rules.

_____	_____
Player's Name	Parent or Legal Guardian's Name
_____	_____
Signature of Player Date	Signature of Parent/Guardian Date