NYC SOCCER

INFO@NYCSL.COM
1(646)379-3053

NYC SOCCER PLAYER APPLICATION

PLAYER'S NAME: _____
FIRST LAST

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

BIRTH DATE: _____
MONTH / DAY / YEAR

PREVIOUS CLUB(S): _____

TO RECEIVE TEXT NOTIFICATIONS

CONTACT NUMBER: (_____)_____-_____

TO RECEIVE E-MAIL NOTIFICATIONS

E-MAIL: _____

PARENT'S / GAURDIAN'S NAMES*:* _____
FIRST LAST

Travel/Non-Travel FROM _____ TO _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

DEPOSIT_____ BALANCE_____PAID IN FULL_____

RELEASE OF LIABILITY & CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE, LIVESTREAM, ET. ALL I hereby authorize NYC SOCCER NYCSL to take photographs or video footage, electronic images or movies of my child or us participating in the program and to use name in promotional or advertising materials for NYC SOCCER NYCSL, on the internet, and all other forms of media, and we waive any right to compensation or other rights related to such use.

I acknowledge that I have read and understand and agree to all terms and conditions of the NYC SOCCER NYCSL program. I agree by signing below that I waive the risk of any type of injury that may occur during the games or training sessions of NYC SOCCER NYCSL while I am participating. I hereby release waive discharge and covenant not to sue NYC SOCCER NYCSL, its owners, promoters, affiliates, associations, sponsors, officials and employees involved in organizing this event. I also assume full responsibility for any loss, liability, death or cost that may incur due to the negligence or the result of any action by them, around or upon the playing areas while they or and/or I am competing, participating and observing working for and/or any other way associated with the event within premises. I understand that NYC SOCCER NYCSL reserves the right to suspend or expel any player from the club for any type of disciplinary action including excessive absences. I also understand that once a player joins NYC SOCCER NYCSL, there will be no membership refund applicable.

NAME OF PARENT/GUARDIAN_____SIGNATURE_____DATE_____

FormNYCYouth2026

TRAVEL REGISTRATION – FALL AND SPRING TRAVEL PLUS TRAINING SEPTEMBER – JUNE **$2,300 (Uniforms not included)**
NON-TRAVEL – FALL AND SPRING TRAINING ONLY $**1,800**
Fall and Spring Travel Add On $500
Spring tournament $75
SUMMER LEAGUE NYC $250
Winter League Pier 40 **$350**
WINTER LEAGUE NYC $250

SHIRT SIZE _____
SHORT SIZE _____

NO REFUNDS

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents/guardians cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

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

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.

_____ _____

Signature of Parent/Guardian Date