



STREET SOCCER USA

Street Soccer USA Enrollment Form (This is a confidential document intended to help us better serve our community. Please provide Street Soccer USA with as much information as you are comfortable with.)

I _____, hereby enroll _____
(Print Parent/Guardian Name) (Print Youth Participant's Name)

in **Street Soccer USA**, which is a national nonprofit organization with a mission to enrich the emotional well-being and physical health among our youth and adults through fun, safe and positive group activities.

WAIVER / INDEMNIFICATION

Parent(s) or legal guardian must sign below before player is accepted to participate in the Street Soccer USA (SSUSA) program: As parent/legal guardian of the youth named herein, I hereby represent that the youth has been examined by a pediatrician and is physically fit to participate in the SSUSA program. I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my youth as a result of his/her participation at SSUSA. I further agree to indemnify and hold harmless SSUSA from any and all liability, damage, or expense arising out of my youth's participation at SSUSA program. In the event that I cannot be reached in an emergency, I hereby give permission for a qualified SSUSA staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my youth. (or you, if you are 18 years of age or older).

Monitoring and Evaluation Parental Consent Form

I give permission for SSUSA staff/affiliates to collect and record data in the form of surveys and fitness measurements about my child with the understanding that all information obtained will remain private and that any responses publicly reported will be grouped together with other participants of this program and that my child will not be individually linked to her/his response. I understand that results of such data collection will not be used as a determinant to my child's participation in SSUSA; rather, results from such data collection will be used by SSUSA to better understand the needs of participants in the program as well as for the overall improvement of SSUSA.

Media Release Form

I grant permission for my youth to be filmed or recorded during SSUSA programs, special events and media coverage. I waive all rights in any film or recording made thereof. I hereby grant SSUSA and its affiliates perpetual and irrevocable right to use my youth's picture, portrait, or photograph for all purposes and in all media including advertising, trade, promotion, exhibition, grant proposal, or any other lawful purposes and hereby release and agree to hold harmless SSUSA and its affiliates from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form in the recording or processing of the photographs, films and/or videos toward the completion of the finished product. I hereby waive any claims I may have based on any usage of the photographs, films, and/or videos or works derived therefrom.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

(Parent/Guardian/Participant 18yrs or older Signature)

(Date:Month/Day/Year)

Participant Youth Information

(This is a confidential document intended to help us better serve our community. Please provide Street Soccer USA with as much information as you are comfortable with.)

Youth's Full Name _____

Gender: Male Female

Date of Birth ____ / ____ / ____
 MM DD YYYY

Youth's Ethnicity

Asian / Pacific Islander

Black / African American

Caribbean Islander / West Indian

Latino / Hispanic

Native American

White / Caucasian

Middle-Eastern

Multi-Racial

Other _____

Education Information

Grade level: _____ School: _____

Health Information

List known **medical concerns/allergies:** _____

Parent/Guardian Information

Full Name: _____

Telephone Number(s): _____

E-mail: _____

What is the best method of communication? Phone Call Text Email

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Thank you for taking the time to complete this form. Please return this enrollment form to your coach or program contact.