



Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)

Montana ODP
1627 W. Main St.
STE. 167
Bozeman, MT
59715-4011

Write check to: MYSA ODP

Mail application, copy of birth certificate and check to Craig Stewart at above address

Registration

I.D.# _____

FORM REVISED: MAY 4, 2004

| | | | | | | | |
|--|--------------------|---------------------------------|--------------------------|--|-----------|--|-----------------|
| REGION IV | STATE MT | DISTRICT CODE 2A | LEAGUE CODE U- | CLUB CODE | AGE GROUP | BOYS=B GIRLS=G | COMP=C REC=R |
| LEAGUE NAME Montana Youth Soccer Association | | | | | | | |
| CLUB NAME Montana Olympic Development Program | | | | | | | |
| TEAM NAME _____ | | | | | | | |
| <input type="checkbox"/> NEW | | <input type="checkbox"/> RETURN | | <input type="checkbox"/> SECOND ROSTER | | TRANSFERS: <input type="checkbox"/> PREVIOUSLY ROSTERED <input type="checkbox"/> INTER-STATE <input type="checkbox"/> INTER-NATIONAL | |

Name as it appears on the Birth Record:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ AREA CODE & TELEPHONE _____ MALE=M _____ BIRTH DATE _____
FEMALE=F _____

PLAYER=P _____ COACH LICENSE _____ E-MAIL ADDRESS _____

FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

LIST ANY MEDICAL CONDITION OR PROHIBITION FROM PLAYING _____

PERSON TO NOTIFY IN AN EMERGENCY _____ PHONE _____

PHYSICIAN TO NOTIFY IN AN EMERGENCY _____ PHONE _____

NUMBER OF PRIOR SEASONS PLAYED _____ LAST TEAM _____

DATE OF LAST SEASON _____ LAST LEAGUE _____

HEIGHT _____ WEIGHT _____ SCHOOL _____ GRADE _____

| UNIFORMS | | | OTHER CHILDREN IN FAMILY PRESENTLY PLAYING IN ODP | | |
|----------|-------------|----------------|---|-------|--|
| | YOUTH | ADULT | NAME | AGE | |
| JERSEY: | XS S M L XL | XS S M L XL 2X | _____ | _____ | |
| SHORTS: | XS S M L XL | XS S M L XL 2X | _____ | _____ | |
| SOCKS: | XS S M L XL | XS S M L XL 2X | _____ | _____ | |

PLAYER 08-09 FEE **\$75.00**

RCVD BY _____

DATE _____

CHECK NO. _____

Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, its affiliated organizations, and its sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US Youth Soccer Parties (the Programs), I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify US Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program which transportation is hereby authorized. I further grant US Youth Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

SIGNATURE OF PLAYER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

ODP Statistic Info

To be shared with college recruiters:

High School _____

Grade _____

GPA _____

ACT Score _____

SAT Score _____

Field Position

Primary _____

Secondary _____

CONSENT for MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give 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 the life, limb or well-being of my dependent.

SIGNATURE OF PARENT/GUARDIAN

DATE

INSURANCE COMPANY

NAME OF INSURED

POLICY NUMBER(S)

NOTARY SEAL REQUIRED



UNITED STATES YOUTH SOCCER
 Proud Member of the United States Soccer Federation, Inc.
OLYMPIC DEVELOPMENT PROGRAM
INDIVIDUAL PLAYER PROFILE

Date: _____

PERSONAL

Player's Full Legal Name: (no nicknames) _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Home Phone (_____) _____
 Parent Email address: _____ Player Email address: _____
 Parent's Work Phone (_____) _____ 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 Graduation _____
 Grade Point Ave: _____ SAT Verbal: _____ SAT Math: _____ SAT Composite: _____ ACT: _____
 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 Team: _____ Regional Team: _____
 National Team: _____ Regional Camp: _____
 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: Junior Varsity: _____ Varsity: _____ 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: _____

MEDICAL HISTORY QUESTIONNAIRE –US YOUTH SOCCER REGION IV ODP

LAST NAME _____ FIRST NAME _____ MIDDLE I. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ - _____ - _____ SEX M ___ F ___

EMERGENCY CONTACT _____ HM PH (____) _____ WK 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 seizure? **NO YES**
4. Have you ever been told by a doctor that you have epilepsy? **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. Have you ever been told by a doctor that you have sickle cell trait? **NO YES**
9. Do you or have you ever had high blood pressure? **NO YES** (List medication) _____
10. 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)
11. Do you or have you ever been told by a doctor that you have asthma? **NO YES** (list medication) _____
12. Do you or have you ever had a hernia or "rupture"? **NO YES** Has it been repaired _____ Date _____
13. Have you ever been "knocked out" (unconscious) in the past 3 years? **NO YES** (list dates) _____
14. Have you had a concussion or other head injury in the past 3 years? **NO YES** (list dates) _____
15. Have you stayed overnight in a hospital due to a head injury? **NO YES** (list dates) _____
16. Have you ever had a neck injury involving bonesm nerves or disks that disables you for a week or longer
NO YES Type of injury _____ Dates _____
17. Do you wear glasses or contacts during competition? **NO YES**
18. 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)
19. Have you had a broken bone or fracture in the past 2 years? **NO YES** R ___ or L ___
What bone(s) _____ Dates _____
20. 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 _____
21. Have you ever had shoulder surgery? **NO YES** R ___ or L ___ What was done & why? _____ Date _____
22. Have you ever injured your back? **NO YES** Type of Injury _____ Date _____
23. Do you have back pain? **NO YES** (circle those that apply) SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING
24. Have you injured your knee in the past two years? **NO YES**
25. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? **NO YES** R ___ or L ___
Date _____
26. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? **NO YES** R ___ or L ___
Date _____
27. Have you ever had knee surgery? **NO YES** R ___ or L ___ What was done? _____ Date _____
28. Have you had a severe ankle sprain in the past 2 years? **NO YES** R ___ or L ___
29. Do you have a pin, screw, or plate in your body? **NO YES** Where in your body? _____ Date _____
30. 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) _____
31. **DATE OF YOUR LAST IMMUNIZATION:** Tetanus _____ Polio _____ Mumps _____ Rubella _____ Measles _____

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

Athlete's Signature _____ Parent Signature _____ Date _____



US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

PLAYER MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Mother's Name _____ Hm Ph(____) _____ Wk PH(____) _____

Father's Name _____ Hm Ph(____) _____ Wk PH(____) _____

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

Name _____ Hm Ph(____) _____ Wk PH(____) _____

Name _____ Hm Ph(____) _____ Wk PH(____) _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Hm Ph(____) _____ Wk 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.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

(Raised Seal or Original Stamp)



US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

PLAYERS CODE OF CONDUCT

PARTICIPANTS AGREEMENT TO ACCEPT AND ABIDE BY THE RULES OF THE PROGRAM

Players 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 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 US Youth Soccer Region IV Olympic Development Program.

I. GENERAL GUIDELINES:

Players 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 player is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Administrator and Coach.

Respect for property of others, adherence to 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. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp, team, or specific activity 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.

PLEASE NOTE: If dismissal from the program or an event 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 actions taken for failure to abide by these guidelines and rules.

Print Players Name

Signature of Player

Date

Print Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Date