



DATE: _____

Academy Odyssey Check List



NAME

Player's Name: _____
Birthdate: _____

OFFICE USE ONLY:

U16 FT U16DP U18FT U18DP

COMPLETED FORMS

- Odyssey Player / Parent Information Form
- Development Academy First Registration Form (FR-11)
- Development Academy Waiver and Indemnification Form
- U.S. Soccer Federation International Clearance Request Form (ITC 5-11)
(Applicable only to players NOT born in the United States of America)
- U.S. Soccer Federation Proof of Entry Prior to 12 Years of Age Submission Form (P12-5-11)
(Applicable only to players NOT born in the United States of America)

PHOTO COPIES

- Medical Insurance Card *(front & back pasted to the Odyssey Medical Insurance form)*
- Birth Certificate
- Passport
- School Records *(report card, school registration and / or immunization record)*
(Applicable only to players NOT born in the United States of America)

OTHER ISSUES & ITEMS

- Player Pass Photo *(taken by Odyssey staff)*
- Odyssey On-Line Academy Registration, Including Payment *(californiaodyssey.org)*
- I am interested in applying for the U.S. Soccer Development Academy Scholarship
Recommended for families of (4) with an annual gross income of \$42,000 or less

OFFICE USE ONLY:

- Player and at least one parent attended the Odyssey Registration / Orientation
Monday August 8, 2011 / 6:30pm / Garfield Elem. MPR



DATE: _____

Academy Player / Parent Information



▼ PLAYER'S INFORMATION ▲

Full Name: _____
 Birthdate: _____ Height: _____ Weight: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 School Name: _____
 Graduation Year: _____ GPA: _____
 *Birth Country: _____
 *If born outside of the USA, entered the USA before 12 years old: YES NO



▼ FATHER'S INFO ▲

Full Name: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 Occupation: _____
 Place of Employment: _____

Legal Guardian:
 YES NO

Lives with player:
 YES NO

Self Employed:
 YES NO

▼ MOTHER'S INFO ▲

Full Name: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 Occupation: _____
 Place of Employment: _____

Legal Guardian:
 YES NO

Lives with player:
 YES NO

Self Employed:
 YES NO

▼ EMERGENCY INFO ▲

EMERGENCY CONTACT

Primary Contact: _____ Relationship to Player: _____
 Cell Phone: _____ Alternate Phone: _____
 Additional Contact: _____ Relationship to Player: _____
 Cell Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION

List medical conditions: _____

 List medicines / prescriptions: _____



U.S. Soccer Federation First Registration Form (FR-11)

Player's Last Name First Name Middle Initial

Current U.S. Address City State Zip Code

Country of Birth _____ Gender Male / Female

Birth Date _____ E-mail Address _____
 Month Day Year

I, _____, attest the following to be accurate:

- Are you a **CITIZEN** of the United States? Yes _____ No _____
- Have you ever been registered with **ANY** team outside of the United States? Yes _____ No _____

Team to participate with _____

League _____

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____ Date: Month Day Year
 Signature of Player

By: _____ Date: Month Day Year
Signature of Parent or Guardian
(Required for any player under the age of 18)

Please complete and submit this form by mail, e-mail or fax to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax
player_registration@ussoccer.org

WAIVER AND INDEMNIFICATION



Club Name: (please print) _____

Age Group (circle one): U-15/16 U-17/18

Participant's Name: (please print) _____

Status (circle one): Full-Time Player Developmental Player Coach/Admin

Waiver: In consideration of the U.S. Soccer Development Academy (hereafter "Academy") accepting the enrollment of Participant in an Academy Program and services of the Academy, Participant and his/her Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against the Academy, the United States Soccer Federation, Inc. ("USSF"), its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors of agents, and release each of them from all liability in connection with all claims for (1) personal injury or illness (including death) and (2) damage to, or loss or theft of, property (including personal items, car and money), arising from Participant's enrollment in or participation with the Academy Program. This release shall include claims relating to: receipt of medical care or treatment for any physical or mental condition; use of facilities, services, premises and equipment; exposure to inclement weather; and Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents.

Publicity Consent: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that the Academy can use these recordings and images at any time and in any manner without payment to, or additional consent of Participant or Parent/Guardian.

Indemnification: Participant and Parent/Guardian also agree to indemnify and hold harmless the Academy, USSF and its affiliated companies and each of their members, directors, officers, employees, volunteers, sponsors, independent contractors and agents, from all claims and amounts related to legal and other action brought against the Academy or USSF for damages caused by Participant (i.e. for damages incurred while fighting with another participant) and to reimburse the Academy or USSF for any expenses incurred for claims brought against the Academy or USSF as a result of Participant's enrollment in or participation with the Academy Program, to the extent those damages are attributable to the gross negligence or willful misconduct of Participant.

Severability and Venue: Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located nearest to Chicago, Illinois.

Acknowledgment of Understanding: Participant and Parent/Guardian have read this waiver and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of the Academy or USSF. Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law. Signing this waiver as Parent/Guardian, I acknowledge that I am consenting to Participant's participation in the Academy Program and represent to the Academy and USSF that I understand all risks are expressly assumed by Participant and myself and all related claims are expressly waived in advance, other than claims not covered herein.

Print Parent/Guardian Name: _____ Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

AGREEMENT TO PARTICIPATE

Assumption of Risks: Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the great care taken to prevent or minimize harm. The Academy Program is for the sport of soccer and related activities such as strength training, running and other aerobic activities. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve potential contact with equipment, fixed objects (e.g. goals), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones, concussion or lost teeth, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis or death.

In addition, by participating in the Academy Program, Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease such as influenza, common cold, chicken pox, meningitis or measles. Participant will also be exposed to risks while traveling (such as in vans when traveling to and from competitions, social events or the airport), exposure to large crowds (such as at a competition) and exposure to risks related to receipt of treatment for any physical or mental conditions.

Participants and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities in the Academy Program, (2) understand the demands of those activities relative to the physical condition and skill level of Participant and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition which may occur as a result of participation in the Academy. Participant and Parent/Guardian hereby assert that participation in the Academy and use of their facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

Acknowledgment of Rules and Standards of Conduct: I understand that Academy has rules and standards of conduct that are set forth in the Academy Regulations and Disciplinary Code. I agree to abide by these rules and standards for the safety of all participants, staff, guests and employees.

Acknowledgment of Understanding: Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement to participate and intend the signature to signify a complete assumption of the inherent risks of participating in or observing activities for the Academy Program to the greatest extent allowed by law in the State of Illinois.

In signing this assumption of risk agreement as Parent/Guardian, I acknowledge that I am consenting to Participant's participation in the Academy and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Print Parent/Guardian Name: _____ Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____





U.S. Soccer Federation International Clearance Request Form (ITC 5-11)

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name	First Name	Middle Initial	
Mother's Maiden Name	First Name	Middle Initial	
Father's Last Name	First Name	Middle Initial	
Most Recent United States Address	City	State	Zip Code
E-mail Address	Primary Phone Number		
Birth Date	Gender	Male / Female	
	Month	Day	Year
Country of Birth	Country of Citizenship		

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE
(This section **MUST** be completed or the application will **NOT** be processed)

Last Foreign Club Participated	State/Country	League	
Date of Last Game	Professional/Amateur		
	Month	Day	Year
Club Wishing to Participate With	State/Country	League	

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under a professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of Federation Internationale de Football Association.

Signature of Player	Date: Month Day Year
Signature of Parent or Guardian (Required for any player under the age of 18)	Date: Month Day Year

Please complete and submit this form by mail, e-mail or fax to:
 U.S. Soccer Federation
 Attn: Player Registration
 1801 South Prairie Avenue
 Chicago, IL 60616
 312-808-1300
 312-808-9263 Fax
 player_registration@ussoccer.org



U.S. Soccer Federation Proof of Entry Prior to 12 Years of Age Submission Form (P12 5-11)

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

_____ Player's Last Name	_____ First Name	_____ Middle Initial	
_____ Mother's Maiden Name	_____ First Name	_____ Middle Initial	
_____ Father's Last Name	_____ First Name	_____ Middle Initial	
_____ Most Recent United States Address	_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Primary Phone Number		
_____ Birth Date	_____ Gender	_____ Male / Female	
_____ Month Day Year			
_____ Country of Birth	_____ Country of Citizenship		

B. SUBMISSION INFORMATION

(This section **MUST** be completed or the application will **NOT** be processed)

_____ Type of Documentation Provided	
_____ Club Wishing to Participate With	_____ League/State Association

Please complete and submit this form by mail, e-mail or fax to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax
player_registration@ussoccer.org



DATE: _____

Player Medical Insurance Info



NAME

Player's Name: _____

Birthdate: _____

CHECK A BOX:

Yes I have medical insurance

No I do not have medical insurance

FRONT OF INSURANCE CARD

Photo copy of the front side of the medical insurance card

BACK OF INSURANCE CARD

Photo copy of the back side of the medical insurance card