

Goshen Stars Soccer Club Registration Form 2025-2026

Name (as it appears on birth certificate) _____ Birth Date ____/____/____ Sex: M or F

Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

E-mail _____ Uniform Size YS YM YL YXL AS AM AL AXL

Insurance Company _____ Policy and/or Group No. _____

Physician's Name _____ Physician's Phone _____

Date of last tetanus shot _____ Allergies or other medical problems _____

Player/Conduct Commitment Letter

I understand that as a member of the Goshen Stars Soccer Club (GSSC), I have a commitment to my team and to my club to participate in practices, regular season games, and tournament activities. I agree to make every effort to be at practices and games. **In keeping with Indiana Youth Soccer registration rules, I am aware I am making a one year commitment to Goshen Stars and I will not be released to play for another club during the soccer year (from July of the current year through the following June).**

I also understand that I am making a commitment to a code of conduct when participating in Goshen Stars games and tournaments – both at home and out of town. I will follow the instructions of my coach concerning conduct. I will demonstrate good sportsmanship and good citizenship at all times. On the field of play, I will conduct myself in a manner that will bring credit to my team and myself. When representing the GSSC, I will not use tobacco products, drugs, or alcoholic beverages or engage in any activities which are inconsistent with the commitment I am now making. I understand that failure to follow these conduct rules may be grounds for my dismissal from my team and forfeiture of all registration fees paid.

Player Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical Consent and Indemnity Agreement

I represent that I am the guardian of _____, hereinafter referred to as "my Child", a member of a Goshen Stars Soccer Club (GSSC) team. As guardian of my Child and with full authority so to do, I hereby designate

_____, coach, _____, assistant coach, and _____, team manager, and each of them, as my attorney in fact to obtain medical treatment at my expense for my Child. The authority hereby conferred may be exercised by one or more of the foregoing named individuals and shall include all of the power I possess as a natural guardian to obtain medical treatment for my Child. The power granted herein includes the power to obtain treatment from physicians, hospitals and other health care providers and the right to take any action which, in the discretion of the persons exercising it, seems reasonable under the circumstances. In exercising the authority granted by this instrument, the attorney-in-fact shall exercise his or her discretion making such decisions as he or she deems advisable giving due consideration to my Child's medical needs. This grant of authority shall not create an obligation in any person to obtain medical treatment and shall not imply any liability to such person for the failure to obtain medical treatment or for any injuries sustained by my Child as a result of such treatment.

I also hereby indemnify and hold harmless the Goshen Stars Soccer Club and each and every other party or person connected with the Goshen Stars Soccer Club including sponsors, coaches, officers, directors, organizers, supporters, members, and players, from any and all claims of any nature whatsoever which may arise from, through, on account of, or in any manner related to the participation by my Child in soccer activities or as a result of medical treatment received by my Child. The indemnity herein provided is intended to indemnify and protect all of the above persons from the expenses of litigation and from any claims of any nature whatsoever made against any of them whether for medical expenses incurred under the authority herein granted for personal injury, damage to property, real or personal, and whether foreseen or unforeseen, which my Child or any other person claiming through my Child may make against them.

Parent/Guardian Signature _____ Date _____