

## **ODP Player Medical Forms Instructions:**

Please read carefully in order to complete these forms properly.

- **Forms must be legible.** If not they will not be accepted. These forms may be needed in the case of a medical emergency and must be clear, clean copies.
- **If forms are submitted via email.** Forms must be in PDF format. A “photo” of the form will not be accepted!
- **All forms must be signed.** If you are unable to provide an e-signature, please download print, complete and then either scan and email or send via mail to the Cal North office.
- **Do Not submit these forms to your ODP Coach or Administrator.** The forms are due to the Cal North office. Those who do not submit timely will not be included on the final roster to travel.
- **Forms are due:** May 10<sup>th</sup>
  - **If you email:** [jbordley@calnoth.org](mailto:jbordley@calnoth.org)
  - **If you mail:** Cal North Office 1040 Serpentine Lane #206 Pleasanton, Ca 94566

**No exceptions, Forms are due by:  
MAY 10<sup>TH</sup> 2017**



2016-2017 Olympic Development Program

PLAYER MEDICAL HISTORY AND TREATMENT RELEASE

PLAYER INFO

Last Name First DOB: M F Address City State Zip Phone ( ) EMERGENCY CONTACT INFORMATION: Mother's Name Hm Ph Cell PH Father's Name Hm Ph Cell PH ALTERNATE EMERGENCY CONTACT: Name Hm Ph Cell PH

MEDICAL HISTORY

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? If yes, List: 2. Are you currently taking any prescribed medication? If yes, List: 3. Have you ever had an epileptic seizure? If yes, Date 4. Do you or have you ever been told by a doctor that you have asthma? 5. Have you ever been "knocked out" (unconscious) in the past 3 years? If yes, Dates 6. Have you had a concussion or other head injury in the past 3 years? If yes, Dates 7. Have you stayed overnight in a hospital due to a head injury? If yes, Dates 8. Do you wear glasses or contacts during competition? 9. Do you wear any dental appliances: If yes, List: 10. Have you had a broken bone or fracture in the past 2 years? If yes, Dates: 11. Have you injured your knee in the past two years? if yes, Date: 12. Have you ever had knee surgery? If Yes, Left/Right 13. Do you have other conditions that we should be aware of (i.e ulcers, pregnancy, food or insect allergies, tendinitis,etc.)? If Yes, List: 14. Date of your last immunization: Tetanus Polio Mumps Rubella Measles Medical Insurance Co. Phone Policy Holder's Name Policy Number

PARENT 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. I hereby authorize US Youth Soccer and it's members to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name; photograph; address; telephone number; team, registration and playing statistics; college plans; and availability. THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE: PARENT/GUARDIAN NAME: (Please Print) SIGNATURE OF PARENT/GUARDIAN DATE



**US Youth Soccer Olympic Development Program**  
Proud Member of the U.S. Soccer Federation, Inc.

**Participants Agreement to Accept and Abide by Rules of the Program**  
**2016-2017**

Players, coaches and chaperones 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 soccer 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 Olympic Development Program.

**I. GENERAL GUIDELINES:**

Participants 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 participant is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Coach.

Respect for property of others, adherence to the 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, or, in the case of minors, tobacco] 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. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.
5. Failure to comply with any and all camp or team 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.

**NOTE:** If dismissal from the program or an event occurs while traveling, the participant may be sent home immediately at the participant's cost by whatever means is most convenient for the Program Administrators. No reimbursement of program fees will be made to the dismissed participant or the participant'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.**

\_\_\_\_\_  
(Please Print Participant's Name)

\_\_\_\_\_  
(Please Print Parent's or Legal Guardian's Name)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date



## 2016-2017

California Youth Soccer Association, Inc.  
A Division of United States Soccer Federation  
**Olympic Development Program**

Participants Agreement to Accept and Abide by Rules of Program  
**"PLAYERS CODE OF CONDUCT"**

Players participating in the CYSA Olympic Development Program are exercising a privilege afforded them by CYSA in pursuit of Regional and National Recognition as youth soccer 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 Olympic Development Program.

### I. General Guidelines

Players are expected to conduct themselves at all times in a manner that is in keeping with representing CYSA and will not bring discredit upon the Association.

When traveling with the ODP Program, each player is expected to dress appropriately as befits representing CYSA or as directed by the coach.

Respect for property of others, adherence to the 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. Theft or destruction of property or violation of State and Federal Laws is cause for dismissal from the program.
4. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.
5. Failure to comply with any and all CYSA, and USYS rules (curfew, attendance, dress code, schedules, etc.) will be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season. Players that are dismissed from the program will not be entitled to an automatic invite to State pool try-outs the following season.

### III. Discipline

Violation of any specific CYSA or US Youth Soccer ODP rules or violation of Section II above will result in immediate dismissal from the CYSA ODP Program.

Note: If dismissal from the program 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 the actions taken for failure to abide by these guidelines and rules.

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Parent or Legal Guardian's Name

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date