



Solano United Soccer Club 2019 Financial Assistance Application

Instructions: To apply for financial assistance you **must** submit a completed Financial Assistance Application Packet, consisting of:

1. A completed and signed Financial Assistance Application, **and**
2. A copy of the supporting documents listed in the application

To be considered, all required documentation **MUST** be received prior to the established Financial Assistance deadline. Incomplete applications will not be accepted. Financial Assistance Applications that are submitted after the posted deadline will be considered in the order in which they are received on the basis of remaining financial assistance funds.

For further information, contact the registrar. Refer to contact information on www.solanounited.org.

Applications and supporting documentation, should be returned as quickly as possible and must be postmarked by June 10, 2019 to be eligible for financial aid

Player Name:			
	<i>(Player Last Name)</i>	<i>(Player First Name)</i>	
Age Group (i.e. U12B)		Team Name (if applicable):	
Parent/Guardian Name(s)			
Street Address			
City/State/Zip			

Phone:	Home:		Cell:	
Household Size:	# Adults		# of Children (under 18)	
Last Year's Tax Return Adjusted Gross Income (AGI)	\$		Current Year Annual Income	\$

Application must include:

- Last year's income tax transcripts found at www.IRS.gov under *Get Your Tax Record*
- Current pay stubs (within the last 30 days) from those working in the household, current verification of benefit payment, i.e., AGDC, child support, SSI, unemployment, etc.
- Driver's license, passport or official photo ID
- Player Birth Certificate and/or legal guardianship certificate
- R002-Y Medical Waiver Form for each child



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Read and initial next to each paragraph below. Then sign and date below.

	I certify that all the information on this application is true and correct, that all required documents are attached , and that all income is reported, incomplete applications will not be accepted.
	I understand that after review of my application, the Board of Directors may determine that I am responsible for a portion or possibly full payment of annual player fees. After Solano United notifies me of the amount of aid I will receive, I will contact my child's coach or team manager to let them know if my child will or will not play
	I understand that financial assistance may not cover all of the player or team fees. I am responsible for the remaining fees not covered by financial assistance.
	I understand that financial assistance is not granted until the application is processed AND signed by the Solano United President and one member of the Board of Directors.
	I understand if financial assistance is used to purchase a uniform kit, the uniform kit purchased by Solano United belongs to Solano United and MUST be returned when the player leaves the team.
	If the financial assistance applicant was a previous Solano United member, then the applicant must be in "good standing" in order to be considered for financial assistance. The term "good standing" applies to previous members that had no outstanding unpaid debts to Solano United or no disciplinary issues.
	I understand by receiving financial assistance, I will reciprocate through active participation in the league and its activities to support our volunteer organization and provide 10-hours of volunteer service.

Conditions of Financial Assistance

Approval for Solano United financial assistance does not guarantee a right to continued participation. Applicants must re-apply each season. It is the expectation of Solano United that recipients of financial assistances demonstrate dedication through consistent attendance at team practices and games, and comply with the Solano United Sideline Behavior Policy. Failure to adhere to these guidelines may result in the forfeiture of the financial assistance award.

Parent /Legal Guardian's Signature: _____ Date: _____

Solano United Use Only - Do not write below this line

Date Received: _____ Tax Return : _____ Verification of Income: _____ Application Approved: _____ Applicant Notified: _____				
Solano United President's Signature: _____				
Solano United Board Member Signature: _____				

One Copy of this form must be given to the Treasurer Solano United Financial Assistance Form Revised 5/2019

Return this form no later than June 10, 2019 with SUPPORTING DOCUMENTATION to:

Solano United Soccer Club
2401 Waterman Blvd
STE A4 PMB 169
Fairfield, CA 94534

OR scan and email to financial-assistance@solanounited.org



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: Solano United Soccer Club City: Fairfield State: CA

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature Date Parent/Guardian Signature Date

PLAYER'S MEDICAL INFORMATION

Player's Name: Birth Date: Gender: Female Male

Street Address: City:

State: Zip: Email Address:

Parent Name: Home Phone: () Bus Phone: ()

Email Address: Cell Phone: () Receive texts? Yes No

Parent Name: Home Phone: () Bus Phone: ()

Email Address: Cell Phone: () Receive texts? Yes No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: Phone 1: () Phone 2: ()

Name: Phone 1: () Phone 2: ()

Please list player allergies:

Please list other medical conditions:

Physician: Phone 1: () Phone 2: ()

Medical/Hospital Insurance Company: Phone: ()

Policy Holder's Name: Policy Number:

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: Date: Relation to player: Father Mother Guardian



FORMULARIO DE INSCRIPCIÓN PARA JUGADORES JUVENILES

Este formulario debe permanecer con el club durante al menos cinco (5) años o hasta que el jugador tenga 18 años, lo que ocurra después.

Nombre del Club: Solano United Soccer Club

Ciudad: Fairfield

Estado: CA

Nombre de la Liga:

Por la presente, doy consentimiento al club4 anteriormente nombrado a registrarme con US Club Soccer. Entiendo que en cualquier momento puedo estar registrado con sólo uno de los clubes miembros de US Club Soccer. [Nota: No es necesario rellenar este formulario en cuanto el jugador sigue con este club. El formulario permanecerá con el club, a no ser de que US Club Soccer lo solicite.]

Firma del jugador

Fecha

Firma del padre/tutor

Fecha

INFORMACIÓN MÉDICA DEL JUGADOR

Nombre del jugador:

Día de nacimiento:

Género: Female Male

Dirección:

Ciudad:

Estado:

Código Postal:

Email:

Nombre del Padre:

Teléfono (Casa): ()

Teléfono (Trabajo) ()

Email:

Celular: ()

Recibe Texto/SMS? Si No

Nombre de la Madre:

Teléfono (Casa): ()

Teléfono (Trabajo) ()

Email:

Celular: ()

Recibe Texto/SMS? Si No

En el caso de emergencia cuando no se puede contactar con el padre/tutor, por favor, llame:

Nombre:

Teléfono 1: ()

Teléfono 2: ()

Nombre:

Teléfono 1: ()

Teléfono 2: ()

Por favor haga una lista de alergias:

Por favor, haga una lista de otras condiciones médicas:

Médico:

Teléfono 1: ()

Teléfono 2: ()

Compañía de seguros médicos:

Teléfono: ()

Titular de la póliza:

Número de póliza:

AUTORIZACIÓN DE TRATAMIENTO MÉDICO Y RENUNCIA A LA RESPONSABILIDAD

Por la presente, doy consentimientos a que los entrenadores físicos, los entrenadores técnicos, los gerentes, los directores médicos, los técnicos de emergencia médica, los enfermeros, las instalaciones de tratamientos médicos, y/o el doctor de medicina o de odontología, o personal asociado, proporcionen asistencia médica y/o tratamiento al participante y me comprometo ser financieramente responsable por todos los gastos de cualquier asistencia y/o tratamiento. Entiendo que el tratamiento de lesiones se basará en la información en este formulario. Por la presente, autorizo transportación de urgencias del participante a la instalación de tratamientos médicos cuando cualquier individual anteriormente mencionado considera que es necesario. Reconozco la posibilidad de daños físicos asociados con el fútbol, y por este medio libero, descargo, y de cualquier manera, indemnizo a mi club y a mi equipo, US Club Soccer, sus patrocinadores, US Soccer Federation y las organizaciones afiliadas, y los empleados y personal asociado con dichas organizaciones, contra cualquier demanda legal del jugador como resultado de la participación del jugador en los programas de US Club Soccer y/o en el transporte desde y a cualquier de estos programas, que por la presente también autorizo.

Firma: _____ Fecha: _____ Relación al jugador: Padre Madre Tutor