Windsor Locks Soccer Club

PLAYER INFORMATION AND MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____

Address: _____

EMERGENCY INFORMATION

Father/Guardian Name: _____

Phone: Home: _____ Work: _____ Cell: _____

Mother/Guardian Name: _____

Phone: Home: _____ Work: _____ Cell: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Phone: Home: _____ Other #: _____

Name: _____ Phone: Home: _____ Other #: _____

Allergies or Other Medical Conditions:
_____

Player's Physician: _____ Phone: _____

Medical and/or Hospital Insurance: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE FORM

Recognizing the possibility of physical injury associated with soccer and in consideration for the Windsor Locks Soccer Club accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Windsor Locks Soccer Club, its affiliated organizations and sponsors, their employees, associated personnel, and the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

The Player has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide the Player 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