



2017/18 Player Release Form

Player's Name: _____

Date of Birth: ___/___/___

Address: _____

City: _____ **State:** _____

Zip Code: _____

E_m_e_r_g_e_n_c_y_I_n_f_o_r_m_a_t_i_o_n

Father's Name: _____ **Mother's Name:** _____

Father's Home Phone: () _____ **Mother's Home Phone:** () _____

Father's Work Phone: () _____ **Mother's Work Phone:** () _____

Father's Cell Phone: () _____ **Mother's Cell Phone:** () _____

Father's Email: _____ **Mother's Email:** _____

I_n_a_n_e_m_e_r_g_e_n_c_y_,_w_h_e_n_p_a_r_e_n_t_s_c_a_n_n_o_t_b_e_r_e_a_c_h_e_d,_p_l_e_a_s_e_c_o_n_t_a_c_t:_

Name: _____

Home Phone: () _____ **Work Phone:** () _____

Name: _____

Home Phone: () _____ **Work Phone:** () _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____

Work Phone: () _____ **2nd Phone:** () _____

Medical Insurance Company: _____ **Phone:** () _____

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

P_A_R_E_N_T'_S_A_P_P_R_O_V_A_L_A_N_D_M_E_D_I_C_A_L_R_E_L_E_A_S_E

Recognizing the possibility of physical injury associated with soccer and in consideration for the CJSA and its affiliates accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the CJSA and Middletown Youth Soccer, Sporting CT Soccer Club, and their affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in 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 my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment in the event of injury in my absence until I can be reached and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date