



**Monroe Soccer Club, Inc.**  
**A member of the Connecticut Junior Soccer Association**  
**Registration and Medical Release Form**



Seasonal Year \_\_\_\_\_ (e.g., 2006-2007)  
 Name \_\_\_\_\_ Team \_\_\_\_\_ Girl / Boy U- \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Mother \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Father \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency contact (*other than parent*) \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_  
 Medications taken & dosage \_\_\_\_\_  
 Medical condition(s) to be aware of \_\_\_\_\_

**CONDUCT:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and its affiliated organizations and sponsors, and by the Monroe Soccer Club Code of Conduct

**MEDICAL AUTHORIZATION**

I am the parent or legal guardian of \_\_\_\_\_, and do hereby give my permission for the above named child to receive any and all medical treatment, assistance, or care administered by any duly licensed physician or hospital in the event of an accident, injury, or sickness while he or she is at a soccer game, practice, or other event conducted or sponsored by the Monroe Soccer Club, Inc. until such time as I may be contacted. This release is in effect for one year from the date given below. I also hereby assume the responsibility for the payment of any such treatment.

I further state that I have read the above Medical Authorization and know and understand the content thereof, and freely sign the same on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
 Parent or Guardian: \_\_\_\_\_

**INJURY RELEASE**

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_ and hereby release the Monroe Soccer Club, Inc. and its coaches, officials, officers, and directors from all responsibility for any illness or injury to the above named child resulting from his or her attending, participating in, or using equipment or facilities associated with any Monroe Soccer Club, Inc., soccer games, practices, or other events. This release shall apply to the one-year period beginning on the date given below. I recognize that soccer is a rigorous sport and that injuries frequently occur and I assume full responsibility for any injuries or illness which may occur and do hereby fully and forever release and discharge the Monroe Soccer Club, Inc. and its coaches, officials, officers, and directors from any and all claims, demands, rights of action, or cause of action, present or future, whether such injuries or illness be known, anticipated, or unanticipated, and resulting from or arising out of the above named child attending, participating in, or using equipment or facilities associated with any Monroe Soccer Club, Inc. soccer games, practices, or other events.

I further state that I have carefully read the foregoing Injury Release and know and understand the content thereof, and freely sign the same on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Player** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**  
 My Commission Expires \_\_\_\_\_