



WINDSOR SOCCER CLUB

PLAYER INFORMATION AND MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone _____ .. Work _____

Mother's Name _____ Home Phone _____ Work _____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Home Phone _____ Work _____

Name _____ Home Phone _____ Work _____

Allergies _____

Other Medical Conditions _____

Medications _____

Player's Physician _____ Phone _____

Player's Dentist _____ Phone _____ Hospital _____

Insurance Carrier _____ Phone _____

Policy Holder _____ Policy Number _____

Recognizing the Possibility of physical injury associated with soccer and in consideration for THE WINDSOR SOCCER CLUB (CLUB) accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify. the (CLUB), its affiliated organizations and sponsors, their employees and associated personnel, including the owner of 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 The Windsor Soccer Club administer basic First aid and an athletic trainer and/or doctor of medicine or, dentistry provide my child with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date