



New Jersey Youth Soccer MEDICAL RELEASE FORM

(Please type or print legibly)

Player's Name Date of Birth Gender M F
Address Town State ZIP

CONTACT INFORMATION

Father's Name Home Phone Work Phone
Mother's Name Home Phone Work Phone

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

Name Home Phone Work Phone

MEDICAL INFORMATION

Allergies

Other medical conditions

Player's Physician Phone

Primary Medical Insurance Company

Policy Holder Policy # Group #

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the New Jersey Youth Soccer, 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 an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Signature of Parent or Guardian Date