

**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 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 1<sup>st</sup> 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