



VISTA SOCCER CLUB PLAYER INFORMATION & MEDICAL RELEASE FORM

Player's Name _____ Birthdate ____/____/____ Gender M / F

Home Phone _____ Cell Phone _____ Work Phone _____

Parent(s) Name(s) _____ Email Address _____

Address _____ City _____ Zip _____

I/We, the parent/guardian of the player named above (a minor), and the player agree to:

(1) Abide by the rules of Cal South, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities ("Programs"), I hereby release, discharge, and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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.

(2) Hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian Date Emergency Phone Number

Insurance Company _____ Policy Number _____

Known allergies or other pertinent medical information _____

Emergency Contract (other than parent/guardian)

Print Name of Emergency Contact Relation Phone Number

P.O. Box 2322, Vista, CA 92085
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www.vistasoccerclub.org

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