

New Jersey Youth Soccer Medical Release Form

| Player's Name | Date of Birth | | Gender <u>M</u> <u>F</u> |
|--|--|---|---|
| Address | Town | State | Zip Code |
| Contact Information | | | |
| Father's Name | Home Phone | Work Phone | · |
| Mother's Name | | Work Phone | |
| In an emergency when parents cannot be reach | ned, 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 # | : |
| PAREN | T'S APPROVAL AND MEDICAL | RELEASE | |
| Recognizing the possibility of physical injury registrant for its soccer programs and activiti Jersey Youth Soccer, its affiliated organization and facilities utilized for the Programs against the Programs and/or being transported to or from My son/daughter has received a physical example. | es (the "Programs"), I hereby release ns and sponsors, their employees and a any claim by or on behalf of the regis om the same, which transportation I her | , discharge and/or otherwissociated personnel, include trant as a result of the registreby authorize. | se indemnify the New ling the owner of fields strant's participation in |
| Programs. I hereby give my consent to have medical assistance and/or treatment and agree | an athletic trainer and/or doctor of me | dicine or dentistry provide | my son/daughter with |
| Signature of Parent or Guardian | Date | <u> </u> | |
| Subscribed and sworn to me this | day of, 20_ | | |
| SignatureNotary Public | My commission expires: | | |