

Irondequoit Soccer Club P.O.Box 67481 Rochester, NY 14617

PLAYER INFORMATION AND MEDICAL RELEASE FORM

Name	Birthdate
Address	Phone #
City, State	Zip
Responsibility:	
I will conduct myself in a manner respecting the facilities, other players, referees, coaching and administrative staff of the Irondequoit Soccer Club. Further, I understand that if I am found to be using or in possession of drugs or alcohol or in violation of the ISC and/or hosting facility's rules and regulations, this shall result in my immediate ejection from the program.	
Signature of Player	Date
PARENT'S APPROVAL AND MEDICAL RELEASE	
My child is hereby granted permission to attend and participate in the ISC program. I have read the above paragraph and fully understand and accept the responsibilities as they are outlined. My child has received a physical examination by a physician and has been found physically capable of participating in the ISC program. In exchange for the privilege of participating in this program, I hereby wave any legal claim against those associated with this program if my child is injured while residing at and/or participating in the program at locations which he/she has been invited. I hereby give my consent, in case of injury, to have an athletic trainer and/or doctor of medicine or dentistry or an Emergency Medical Team provide my child with medical assistance and/or treatment.	
Signature of Parent/Guardian	
Emergency Phone Number	
Medical Insurance Company	
Insurance Policy Number	
Known allergies	
Pertinent medical information	
Emergency Contact other than Parent/Guardian:	
Name of Contact	
Relationship to Player	
Contact Phone Number	

Coaches will retain Medical Release Forms during the season, at all games & practices. Forms will be turned into ISC at the end of each season.