



SOUTH CAROLINA UNITED BATTERY DA



PLAYER INFORMATION AND MEDICAL RELEASE FORM

Boys: Age Group (circle one): U16 U18

Player's Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email _____ Email _____

EMERGENCY INFORMATION

Father's Name _____ Daytime # (_____) _____

Cell # (_____) _____ Evening # (_____) _____

Mother's Name _____ Daytime # (_____) _____

Cell # (_____) _____ Evening # (_____) _____

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

Name _____ Daytime # (_____) _____

Cell # (_____) _____ Evening # (_____) _____

Name _____ Daytime # (_____) _____

Cell # (_____) _____ Evening # (_____) _____

Allergies _____

Other medical conditions _____

Player's Physician _____ Daytime # (_____) _____ Evening # (_____) _____

Medical and/or Hospital Insurance Company _____ Phone (_____) _____

Policy Holder _____ Policy Holder DOB _____

Policy Number _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for SOUTH CAROLINA UNITED BATTERY DA (hereinafter SCUBDA) accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the SCUBDA, 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.

My son 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 with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian _____

Date _____