

Registration/Medical Release Form

Players Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (include City & Zip): \_\_\_\_\_

Parent's Phone (s): \_\_\_\_\_

Primary Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact (other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

I am fully aware of and appreciate the risks of my child participating in a soccer event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. I hereby release, discharge, and/or otherwise indemnify Weyn Soccer Group LLC (including coaches, directors, and/or others acting on its behalf), their affiliated organizations and sponsors, their employees and associated personnel, including other owners of fields, and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. Therefore I grant all coaches affiliated with the program, and/or, in their absence, other responsible adults present acting on their behalf permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child. I certify that I understand the contents of this consent form and that my signature represents a free voluntary act of consent on behalf of the minor player named herein.

Signature of Parent/Guardian: \_\_\_\_\_

Print /Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate T-Shirt size: \_\_\_\_\_

Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_