

**Leg-A-Z Soccer Club
Participant's Medical Information**

Player's Name _____ Date of Birth: _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

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In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Wears contact lenses? _____ Date of last tetanus booster: _____ Other medications: _____

Player's Physician _____ Contact Phone: _____

Person responsible for medical charges (if different from above): _____

Address _____ City _____ State _____ Zip _____

Insurance Company _____ Policy # _____ Group # _____

Parent/Guardian Approval and Medical Release

I certify that I am the Parent or Legal Guardian for the minor participant listed above that is under 18 years of age. Recognizing the possibility of physical injury associated with soccer and in consideration for the Leg-A-Z Soccer Academy accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Leg-A-Z Soccer Academy, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and /or being transported to or from the same, which transportation I hereby authorize.

The participant has received a physical examination by a physician and has been found physically capable of participating in the Program. In the event of accident, injury, sickness, etc., and I cannot be reached, I hereby give permission for any and all medical attention to be administered to the participant by the person(s) listed below, until such time as I may be contacted:

_____ (Coach)

_____ (Asst coach)

_____ (Manager); or any league representative where my child is playing, or any tournament representative where my child is participating in a tournament.

I agree to be responsible financially for the cost of each assistance and/or treatment. This release is effective for the period of one year from the date given below.

Signature _____ Date _____

Subscribed and sworn before me, this _____ day of _____, 200_

_____ (Notary)

State of: _____ Commission # _____ Expiration _____

Name of Notary (typed, printed, or stamped):