New Jersey Youth Soccer
Medical Release Form

Player's Name _____ Date of Birth _____ Gender M F

Address _____ Town _____ State _____ Zip Code _____

Contact Information

Parent's Name _____ Home Phone _____ Work Phone _____
Parent's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, 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 # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the New Jersey Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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/daughter 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/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

_____ _____
Signature of Parent or Guardian **Date**

Subscribed and sworn to me this _____day of _____, 20_____

Signature _____ My commission expires: _____
Notary Public