



Eastern Pennsylvania Youth Soccer Association

Two Village Road, Suite 3, Horsham, PA 19044 • Phone (215) 657-7727

2007-2008 Player Information and Medical Release Form

Player's Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION (PLEASE INCLUDE AREA CODE)

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Cell Phone: () _____ Mother's Cell Phone: () _____

Father's E-mail: _____ Mother's E-mail: _____

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

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Work Phone: _____ 2nd Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD
COPY BOTH SIDES TO 1 PAGE (8 x 11) ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing The possibility of physical injury associated with soccer and in consideration for the USSF/USYS Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYS, 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 reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date



2007- 8 PEARLS SOCCER CLUB
WAIVER AND RELEASE FORM

Player's Name: (Registrant) U.S. Citizen: Yes No
Address:

City: State: Zip:

Date of Birth: Pearls Team: Pearls Team Coach(es):

Parent/Guardian Information: Name(s): Home Phone: Work Phone: Cell Phone: E-Mail:

Address (If Different from above):

Primary Medical Insurance Co.: Policy/Plan/Group No.:

Family Physician: Phone:

Known allergies/other pertinent medical information (including restrictions on care to be provided):

Emergency contact and phone number other than Parent/Guardian:

Name: Phone:

Recognizing the possibility of physical injury associated with soccer and in consideration for Pearls Soccer Club ("Pearls") and its Travel Soccer Program accepting the above registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise hold harmless Pearls, its Board of Directors, its coaches, its affiliated organizations and sponsors, employees and associated personnel, including the owners of the fields and facilities utilized for the Programs ("Released Parties"), against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to and from the same, which transportation I hereby authorize. I acknowledge that trainers are independent contractors and that the use of trainers by individual travel teams is strictly voluntary and hereby release, discharge and or otherwise hold harmless the Released Parties from any and all claims by or on behalf of the registrant's participation in any of the trainer Programs. My child, the registrant, has received a physical examination by a physician and has been found physically capable of participating in the programs.

By signing this form, I certify that I am the parent/custodian/guardian of the player listed above with the authority to make medical decisions on the player's behalf, and in the event of an emergency, I grant and/or permission to act as my surrogate for my child in decisions concerning obtaining medical treatment (including, but not limited to treatment from a doctor of medicine or dentistry) in my absence. I also assume the financial responsibility for any such medical treatment of my child.

Signature of Parent/Guardian: Date: