



**2009-10 NESHAMINY UNITED-PEARLS SOCCER CLUB
WAIVER AND RELEASE FORM**

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

City: _____ State: _____ Zip: _____

Date of Birth: _____
 Neshaminy United-Pearls Team: _____
 Neshaminy United -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 Neshaminy United-Pearls Soccer Club 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 Neshaminy United-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: _____