

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ DOB: _____ Gender _____

Address: _____ City: _____

State: _____ Zip: _____

EMERGENCY INFORMATION:

Parent/Guardian:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

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

Name: _____ Home Phone: _____

Work Phone: _____

Allergies: _____

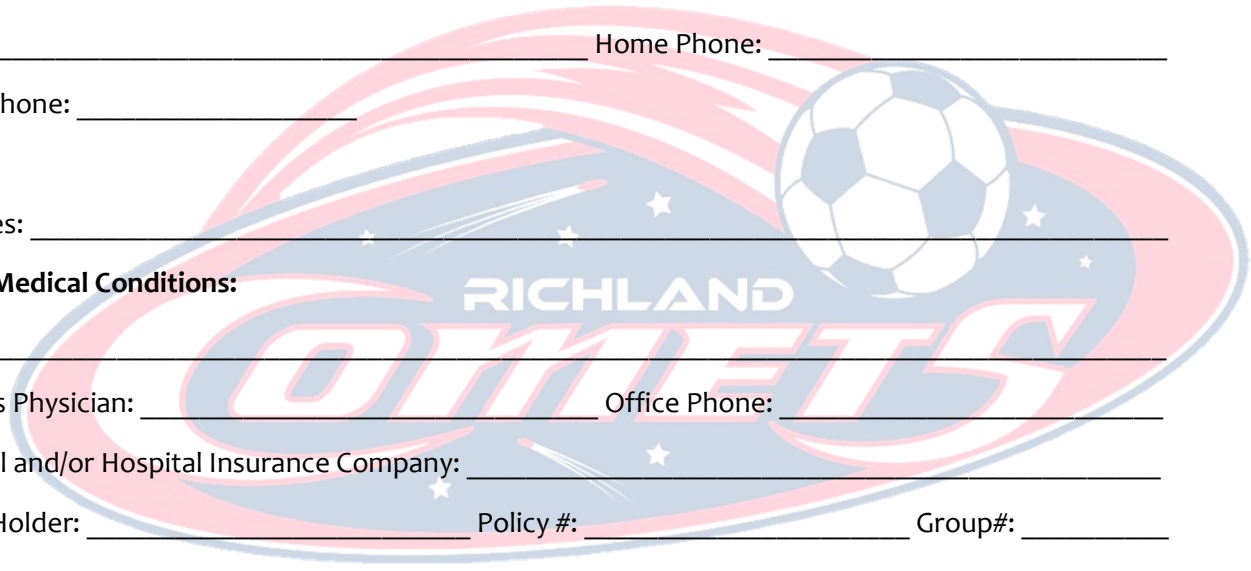
Other Medical Conditions:

Player's Physician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____

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

Group #: _____



PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Richland Comets Soccer Club and members of Richland Comets Soccer Club accepting my son/daughter as a player in the soccer programs and activities of the Richland Comets Soccer Club and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify the Richland Comets Soccer Club, its member organizations and sponsors, associated personnel, and volunteers, including the owner of fields and facilities utilized for the programs, against any claim by or on behalf of my player son/daughter because of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

Signature of Parent/Guardian Date