



# Idaho Rush Soccer Club

## Registration & Medical release form

Coach's copy – to be carried by the coach at all games, practices and events

Program:     Mighty Mites     Recreational     Select                       Competitive                       Camps

### Player information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

School Area: \_\_\_\_\_ Teammate/coach request: \_\_\_\_\_ Gender: M    F

Parent/Guardian 1 information     (Check if address is same as player)    Circle one: Mother    Father    Guardian

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email address: \_\_\_\_\_ Volunteer position: \_\_\_\_\_

Parent/Guardian 2 information     (Check if address is same as player)    Circle one: Mother    Father    Guardian

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email address: \_\_\_\_\_ Volunteer position: \_\_\_\_\_

### Emergency information

Doctor's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Allergies or special needs (include ANY history of concussions): \_\_\_\_\_

Player insurance provider: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

### Release and waiver

By signing this form for a child, any parent, guardian or other person consents for himself or for any child participating in an Idaho Rush program to being subject to the rules and regulations of Idaho Rush as such rules apply to any child's play and a parent's participation as a spectator, coach, or Idaho Rush volunteer. The undersigned does further authorize the officer, leader, coach or agent(s) of Idaho Rush to transport as required the above minor to and from sponsored activities in the event of an emergency. I also hereby give my consent for all emergency medical care for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. To the best of the undersigned knowledge all of the above information is true and accurate. I acknowledge that by signing this form, the player is committed to play for Idaho Rush for the current seasonal year (Aug. 1 to July 31) and shall be subject to Idaho Youth Soccer and United States Youth Soccer regulations.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_