



INTERNATIONALS SOCCER CLUB

TRYOUT REGISTRATION AND MEDICAL RELEASE FORM



Child's Full Name _____ Birthdate _____ / _____ / _____

Address _____ City _____ State _____

Zip _____ Home Phone_(____) _____ Cell Phone_(____) _____

Parent/Guardian's Full Name _____ Address _____

City _____ State _____ Zip _____ Home Phone_(____) _____

Work Phone_(____) _____ Cell Phone_(____) _____ Fax_(____) _____

Email 1 _____ Email 2 _____

EMERGENCY CONTACT

Dentist Name _____ Phone(____) _____ Doctor Name _____ Phone(____) _____

Regarding the above named player, I recognize that I/he/she am/is participation in the Internationals Soccer Club program/event at my/his/her own risk. I/he/she hereby agree(s) to release, absolve, indemnify and hold harmless any member, sponsor or representative of the Internationals Soccer Club from any and all liability from any injury, medical fees, hospital fees, or doctor bills of the aforesaid player, and waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting the above named player to or from any activities. I/he/she certify(ies) that I/he/she am/is in good health and am/is able to participate in all activities. If any medical attention for illness or injury should be required, I give my consent, after all reasonable attempts to contact me or my spouse have been unsuccessful, for the administration of any treatment deemed necessary by a licensed physician.

The following information is needed by any hospital or practitioner not having access to the player's medical history:

Allergies: Food: _____ Drugs: _____ Bee/Insect _____ Other: _____

Medications Currently Taking: _____ Tetanus shot within the last five (5) years? Y or N Date if known ___ / ___ / ___

Other Pertinent facts to which physician should be alerted? _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____

