

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the St. Thomas More Soccer Club accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the St. Thomas More Soccer Club, its affiliated organizations and sponsors, their personnel, including the owner of the 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.

Player First Name	Player Last Name

Insurance Company	Insurance Policy Holder	Insurance Policy #	Allergies

Emergency Contact First Name	Emergency Contact Last Name	Emergency Tel

Parent/Guardian Signature: _____