



# Colonie Soccer Club

## Registration Form and Medical Waiver

### Player Information

Grade \_\_\_\_\_ (for 2020 - 2021 school year) School \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Parent/Legal Guardian Information

Name(s) \_\_\_\_\_ Phone (if different) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (list someone other than father & mother): Name: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ My player son/daughter has received a physical examination by a licensed medical doctor and has been (parent initial) found physically capable of participating in the sport of soccer.

My player son / daughter has the following condition or ailment which could impact his / her ability to play or may need to be considered in the event of needed treatment:

\_\_\_\_\_  
I, the parent or legal guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules of the Colonie Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury or illness associated with soccer and in consideration for the Colonie Soccer Club accepting the registrant for its soccer programs and activities (herein known as programs), I hereby release, discharge and/or otherwise agree to indemnify the Colonie Soccer Club, associated personnel, including the owners of fields and facilities utilized, and sponsors, 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/from same.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

### Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by duly licensed doctor of medicine, EMS or Doctor of Dentistry. This care may be given under whatever conditions are necessary as to preserve the life, limbs or well-being of my dependent.

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_