

ALBION SOCCER CLUB

Member of: Genesee Youth Soccer League (GYSL) New York State West Youth Soccer Association

Player Registration and Medical Release Form – 2010 Season

Player Registration Information:

Player’s Name: _____ Birthdate: _____
(Last) (First) (MM/DD/YY)

Address: _____
(Street) (City) (Zip)

Father’s Name: _____ (H): _____ (W): _____ (C): _____

Mother’s Name: _____ (H): _____ (W): _____ (C): _____

E-mail: _____

Gender: Boy Girl (Circle)

Age Group: U11 U12 U14 U16 U19 (Circle)

Note: The U16 girls team, coached by Eric Bison, will be playing in the RDYSL league.

Shirt Size: Yth.M Yth.L Adult S Adult M Adult L Adult XL (Circle)

Short Size: Yth.M Yth.L Adult S Adult M Adult L Adult XL (Circle)

Player’s Medical Information:

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ (H): _____ (W): _____ (Cell): _____

Name: _____ (H): _____ (W): _____ (Cell): _____

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder’s Name: _____ Policy Number: _____

Parent/Guardian Approval and Medical Release

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs against 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 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.

I have read the above paragraph and fully understand and accept the responsibilities described.

(signature of parent/guardian)

(date)

PLEASE ATTACH A RECENT PASSPORT SIZE PHOTO TO BE USED FOR THE PLAYER PASS

Mail form and payment by March 1 to Leigh Hamilton, 14431 Baker Road, Kent, NY 14477

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Amount _____ Check # _____ Cash _____ Rec’d by _____