



Southeast Soccer Club

2010-2011 Registration / Medical Release Form



Player's Name: _____ Birth date: _____
Last Name First Name (Birth Cert. Required)

Street Address: _____ P.O. Box: _____

Town: _____ State: _____ Zip Code: _____

Parent's Home Phone: _____ Emergency Phone: _____

Primary Email: _____

Confirm Primary Email: _____

Additional Email: _____

Confirm Additional Email: _____

U.S. Citizen: Yes: _____ No: _____ Gender: Male: _____ Female: _____

Emergency Name and Phone Number other than Parents/Guardian:

Name: _____ Phone: _____

Primary Medical Insurance Company: _____ Policy Number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for Southeast Soccer Club (SSC) and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify SSC its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Southeast Soccer Club and/or its coach's permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Print Parents/Guardians Name: _____

Signature of Parent or Guardian: _____ Date: _____

For Club Use Only

Amount: _____ Birth Cert: _____

Paid: _____

Balance: _____