



**Player's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Player's Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

**Parent/Guardian Consent**

I, THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, WHO IS PARTICIPATING IN SOCCER PROGRAMS HELD BY THE GALAXY SOCCER CLUB, HEREBY GIVE MY APPROVAL FOR MY CHILD TO PARTICIPATE IN THESE PROGRMS. I AGREE TO RELEASE AND DISCHARGE GALAXY SOCCER CLUB, ITS AGENTS AND DIRECTORS, AND FURTHER WAIVE THE RIGHT TO INITIATE A COURSE OF ACTION FOR ANY AND ALL LIABILITY, FOR ANY REASON RELATED TO THE PARTICIPATION IN THE PROGRAM.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical/Insurance Company** \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_