MEDICAL FORM

ROXBURY SOCCER CLUB PO BOX 207 SUCCASUNNA, NJ 07876



WEB PAGE: http://www.roxburysoccer.com Hotline: 973-784-0621



AUTHORIZATION FOR MEDICAL TREATMENT: RELEASE AND INDEMNIFICATION

PLAYER INFO (plea	<u>ase pri</u>	nt clea	arly):												_
LAST NAME															
FIRST NAME															
	E BIR	THDAY	:	/	/_		_								
STREET ADDRESS:							TOWN:					ZIP CODE:			
NAME OF PARENT OR L	EGAL G	UARDI	AN:												
ADDRESS:															
TOWN:	TOWN:						ZIP CODE:								
HOME PHONE:							WORK PHONE:								
MEDICAL INSURANCE C	OMPAN	IY:													
MEDICAL INSURANCE P	POLICY #	¥													
PLAYER'S PHYSICIAN:	NA	ME:									_				
	PH	IONE <u>:</u>													

MEDICAL CONDITION:

All players must wear shin guards for practice and games (shin guards must be provided by the player). The wearing of casts of any kind is strictly prohibited for in-town and Mighty Mites. Glasses must have unbreakable lenses. Safety goggles are strongly recommended.

The wearing of jewelry, including but not limited to earrings, necklaces, bracelets and hair beads unless medial or religious in nature is strictly prohibited. Medical or religious articles must be taped to the players' body.

I am the natural parent or legal guardian of the soccer player identified above and hereby appoint the Roxbury Soccer Club, inc. and its authorized designees as my agent to act in my capacity to arrange for, hire, give permission for any and all medical services, care and treatment, without limitation, which may be necessary for my above named child as a result of any accident, injury, illness or other condition which may occur. This authorization includes the power to appoint others to act in my capacity for these purposes, including, without limitation the duly appointed officers, coaches, assistant coaches of the Roxbury Soccer club, Inc. the powers of my agents shall continue in full force and effect from this date until revoked by me in writing or my child is no longer a member of the Roxbury Soccer Club, Inc.

I hereby release, indemnify and hold all of the agents identified in the preceding paragraph harmless from any and all claims, contracts, liabilities and obligations for acts performed by them under the authority of the above for paying any and all medical, hospital, prescription drug, and such other related expenses as there may be, which are incurred under the authority of the aforesaid limited power of attorney.

With my signature, I permit the above named child to participate in the soccer program as administered by the Roxbury Soccer Club, Inc. and will assume all risks and hazards which coincide with such participation.

I hereby waive, release, absolve, indemnify, and agree to hold harmless from any and all claims, contracts, liabilities and obligations the Roxbury Soccer Club, Inc., Roxbury Township, and the Roxbury Board of Education and their agent in the event of accident or injury involving the above named child.

I have read, understand and agree with the above statements.

Signature of parent/legal guardian:

On this day ______201_ as witnessed by: _____