

## New Jersey Youth Soccer Medical Release Form

Player's Name	Date of Birth		Gender <u>M</u> <u>F</u>	
Address	Town	State	Zip Code	
Contact Information				
Father's Name	Home Phone	Work Phone		
	Home Phone	Work Phone		
In an emergency when parents cannot be	e reached, please contact:			
Name	Home Phone	Work Phone		
Medical Information				
Allergies				
Other medical conditions				
Player's Physician	1	Phone		
Primary Medical Insurance Company				
Policy Holder	Policy #	Gre	oup #	
F	PARENT'S APPROVAL AND MEDICAL RE	CLEASE		
registrant for its soccer programs and a Jersey Youth Soccer, its affiliated organ and facilities utilized for the Programs at the Programs and/or being transported to	injury associated with soccer and in considerat activities (the "Programs"), I hereby release, or izations and sponsors, their employees and assagainst any claim by or on behalf of the registra or from the same, which transportation I hereby	discharge and/or oth ociated personnel, in ant as a result of the by authorize.	nerwise indemnify the New acluding the owner of fields registrant's participation in	
Programs. I hereby give my consent to	cal examination by a physician and has been for have an athletic trainer and/or doctor of medicagree to be responsible financially for the cost	cine or dentistry pro	ovide my son/daughter with	
Signature of Parent or Guar	dian Date	-		