

New Jersey Youth Soccer Medical Release Form

Player's Name	Date of Birth	G	ender <u>M</u> <u>F</u>
Address	Town	State	Zip Code
Contact Information			
Father's Name			
Mother's Name	Home Phone	Work Phone	
In an emergency when parents cannot be read	ched, please contact:		
Name	Home Phone	Work Phone	
Medical Information			
Allergies			
Other medical conditions			
Player's Physician	Phone		
Primary Medical Insurance Company			
Policy Holder	Policy #	Group #	
PARE	NT'S APPROVAL AND MEDICAL I	RELEASE	
Recognizing the possibility of physical injurregistrant for its soccer programs and activity Jersey Youth Soccer, its affiliated organization and facilities utilized for the Programs again the Programs and/or being transported to or facilities.	ities (the "Programs"), I hereby release, ons and sponsors, their employees and as st any claim by or on behalf of the regist	discharge and/or otherwicksociated personnel, includerant as a result of the regis	se indemnify the New ing the owner of fields
My son/daughter has received a physical ex Programs. I hereby give my consent to have medical assistance and/or treatment and agree	e an athletic trainer and/or doctor of med	dicine or dentistry provide	my son/daughter with
Signature of Parent or Guardian	Date	<u> </u>	
Subscribed and sworn to me this	day of, 20		
SignatureNotary Public	My commission expires:		