St. Thomas More Soccer Club
Registration and Medical Release Form

Registration Information:

Player's Name: _____ Date of Birth: _____/_____/_____

[ ] Male [ ] Fall [ ] Intramural/Hot Shots

[ ] Female [ ] Spring Year: 20____ Age Group: U- ____ [ ] Travel

Player's Address: _____

Player's Home Phone: _____ Parent's E-mail_____

Medical Release:

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of any accident, injury, sickness, etc, under the direction of the persons listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Parent or Legal Guardian: _____

Address: _____

Relationship: _____ Phone: _____

Dad's work: _____ Dad's cell: _____

Mom's work: _____ Mom's cell: _____

Player's Medical Insurance Company: _____

Insurance ID # _____ Policy/Group #_____

Family Doctor: _____ Phone Number:_____

Allergies: _____ Medications: _____

Medical Conditions: _____

In the event that I cannot be reached immediately, the following person is designated to act on my behalf:

Name:_____ Phone Number: _____

Relationship to Child: _____

* *

Parent or Legal Guardian: ___ _____ _____

Signature **Date**