



# Livonia Soccer Club, Inc.

## Registration and Medical Release Form

Check #:	_____
Check: \$	_____
Cash: \$	_____
Date:	_____

Player Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

(As appears on birth certificate)

Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: New York      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary Contact E-mail Address: \_\_\_\_\_

(\*A working e-mail address is important. Most information from the club and team coach will be e-mailed to you.)

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies and/or Medical Conditions: \_\_\_\_\_

I hereby grant permission for my child to join the Livonia Soccer Club, Inc., and I give the club permission to use the name, image or likeness of my child in print and/or media. If my child is penalized by referees or club officials, I understand that it is my personal responsibility to pay all fines.

### Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above-named minor. I have not been given a guarantee as to the results of examination or treatment.

### Release of Liability

Recognizing the possibility of injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the Livonia Soccer Club, Inc., its board of directors, and all of its associated volunteers, coaches, assistant coaches, sponsors and referees, as well as the owners of the fields and facilities utilized for leagues and tournaments, against any claim by or on behalf of the player as a result of the player's participation.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_