

CAMP HILL SOCCER CLUB
2010 PLAYER INFORMATION AND MEDICAL RELEASE

Player's Name: _____ Date of Birth: ____/____/____
Address: _____
City: _____ State _____ Zip: _____

EMERGENCY INFORMATION (Please include Area Code)

Father's Name _____ Mother's Name _____
Father's Home Phone () _____ Mother's Home Phone () _____
Father's Work Phone () _____ Mother's Work Phone () _____
Father's Cell Phone () _____ Mother's Cell Phone () _____
Father's E-Mail _____ Mother's E-mail: _____
Person responsible for charges (if different from above) _____
Address _____
City _____ State _____ Zip: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____
Home Phone () _____ Work Phone () _____
Name: _____
Home Phone () _____ Work Phone () _____
Allergies: _____
Other Medical Conditions: _____
Date of last Tetanus Booster ____/____/____
Player's Physician _____
Work Phone: () _____ 2nd Phone () _____
Medical and/or Hospital Insurance Company: _____
Policy Holder: _____ Policy #: _____ Group # _____

Recognizing the possibility of physical injury associated with soccer and the consideration of the Camp Hill Soccer Club, and its affiliates accepting the Player for its soccer programs and activities (the "Programs), I hereby release, discharge and/or otherwise indemnify the Camp Hill Soccer Club, CPYSL and the USSF/USYS/EPYSA, and their respective affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As parent/legal guardian of the Player, I request that in my absence the above-named Player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine/Osteopath or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above Player. I have not been given a guarantee as to the result of examination or treatment. I agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian _____

Date _____