



**Capital Area Soccer League
3300 Woman's Club Drive
Suite 1
Raleigh, NC 27612**

**Phone 919-834-3951 Fax 919-834-4369
www.caslnc.com**

We, as parents and legal guardians of the children listed below, release, discharge, and agree to hold harmless and indemnify the Capital Area Soccer League, or any one of the designated coaches of the Team from any and all liability, claims or demands arising from participating in the soccer programs with the team specifically to include any and all claims for personal injuries sustained while present or participating in said soccer program or while on trips sponsored by or in conjunction with said soccer program.

In addition, we do hereby authorize any one of the designated adults of the team, if, after a reasonable attempt has been made to reach us to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, by any dentist duly licensed to practice.

PLAYER'S NAME	SIGNATURE	ALLERGIES	PHONE #	DATE
1.				
2.				
3.				
4.				
5.				
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18.				

This form must be completed prior to the first game in the Fall and kept with the Team at all times. If a player is added to your team during the Seasonal Year, simply add that player to this form. If a player leaves your team during the Seasonal Year, draw one line through that player.

