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| PLAYER’S MEDICAL INFORMATION |

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| Player’s Name: |  | | | | | Birth Date: |  | Gender: | Female Male |
| Street Address: |  | | | | | | City: |  | |
| State: |  | Zip : |  | Email Address: |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| Parent Name: |  | Home Phone: | (   ) | Bus Phone: | (   ) |
| Email Address: |  | Cell Phone: | (   ) | Receive texts? | Yes No |
| Parent Name: |  | Home Phone: | (   ) | Bus Phone: | (   ) |
| Email Address: |  | Cell Phone: | (   ) | Receive texts? | Yes No |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Phone 1: | (   ) | Phone 2: | (   ) |
| Name: |  | Phone 1: | (   ) | Phone 2: | (   ) |

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| Please list player allergies: |  |
| Please list other medical conditions: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Physician: |  | | Phone 1: | (   ) | Phone 2: | (   ) |
| Medical/Hospital Insurance Company: | |  | | | Phone: | (   ) |
| Policy Holder’s Name: | |  | | | Policy Number: |  |

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| **MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER** |

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted**.** I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, University City Futbol Club, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player’s participation in University City Futbol Club programs and/or being transported to or from the same, which transportation I hereby authorize.

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** *\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to player:  Father  Mother  Guardian