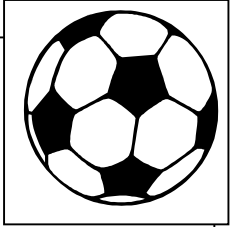




**SOCCER ELITE INC.**  
 126 CONCORD AVE WHITE PLAINS NY 10606  
 (914)761-0203 (914)330-9153 EMAIL: carlos@soccereliteinc.com



**Player Information & Medical Release Form**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**In an emergency, when parents cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List known allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE PHOTOCOPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM OR IN LIEU OF PHOTOCOPYING YOUR MEDICAL CARD, YOU MAY INSTEAD FILL OUT THE FOLLOWING:**

Name of primary Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of policyholder (will usually be father or mother): \_\_\_\_\_

Policy #: \_\_\_\_\_ Group ID #: \_\_\_\_\_

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USS and its affiliates, including the above named organization, accepting the Player to participate its programs and activities of Soccer Elite Inc. I hereby release, discharge and/or otherwise indemnify Soccer Elite inc. , its affiliated organizations, including the State Youth Association, the WYSL and the above named club and sponsors, their employees and associated personnel, the owners of fields and facilities utilized for the Programs, and also the officers, directors, trustees, leaders, volunteers, coaches, trainers and agents of Soccer Elite Inc. against any claim by or on behalf of the Player and/or the Player's parents, guardians and other relatives 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.

The Player has received a physical examination by a licensed physician and has been found physically capable of participating in the Programs. I hereby give my consent to have the coach, assistant coach or trainer of the team on which the Player is registered act as my surrogate in securing ambulance service and to have an athletic trainer and/or doctor of medicine or dentistry provide the Player with medical assistance and/or treatment under whatever conditions are necessary to preserve the life, limb or well-being of the Player, and I agree to be responsible financially for the cost of each assistance and/or treatment rendered.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_