

Boyertown Soccer Club - Recreational Players Agreement

Section 1 Boyertown Soccer Club-Medical Authorization

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____, in the event of any injury, sickness, etc., under the direction of one of the persons listed below until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

PARENT(S) OR LEGAL GUARDIAN(S) _____

Phone: _____ Players Date of Birth _____

Address: _____

Player's Social Security #: _____

Dad's work #: _____ Mom's work #: _____

Dad's cell #: _____ Mom's cell #: _____

Medical Information for PLAYER:

Insurance Company: _____ Policy #: _____

Physician: _____

Address: _____

Allergies: _____

Current Medications: _____

Other Medical Conditions: _____

In the event I cannot be reached immediately, any one of the persons is designated to act on my behalf, in addition to the others identified generally in Section II. NAME, Phone Number and Home Address of (people permitted to act for the benefit of) the player at any club event. (Typically the coach will fill in his name and his assistant(s)).

1. (Coach) _____

2. (Assistant) _____

3. _____

PARENT OR LEGAL GUARDIAN

Signature: _____ Date: _____

Print: _____

Section 2 Boyertown Soccer Club-Release of Liability

I, _____, state that I am the parent/guardian of _____, date of birth _____, and that I am qualified to execute this document. I agree that, in exchange for payment of the registration fees and other expenses that may come up of the course of this season as well as entering this players Agreement, Boyertown Soccer Club will permit my child _____, to play for the appropriate team as decided by the Club in accordance with its rules. I agree that I will not hold the club, its coaches, officers, officials, other members or those providing transportation to any club sponsored even including the times before and after games, practices and other club sponsored events. I authorize the Club, its coaches, officers, officials and any emergency or first aid personnel to provide such treatment as in their reasonable judgment is appropriate and necessary in the event of injury to my child. Finally, I represent that my child is covered for all medical expenses under the health care insurance plan identified in Section I, and that I will be responsible for payment for any such treatment.

Date: _____ Parent/Guardian _____
(Please circle which applies)