



## Player Emergency Information

Name of Player: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contacts:

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies to drugs: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any Illnesses. Check Appropriate: Asthma  Diabetes  Epilepsy  Other

Describe: \_\_\_\_\_

Is the player taking any medication? \_\_\_\_\_ Describe: \_\_\_\_\_

Does the player wear contact lenses? \_\_\_\_\_

Any other relevant information? \_\_\_\_\_

**RELEASE/WAIVER:** By submitting this application for registration, and given that soccer has an inherent risk, I myself, my heirs and executors, hereby release and forever discharge any and all rights and claims for damages which may arise out of my traveling to, participating in, or returning from any soccer activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_