

OBERLIN SOCCER CAMPS
PLAYER INFORMATION AND MEDICAL RELEASE FORM

Please Print

Player's Name _____ Date of Birth _____

Address _____ City _____

State _____ ZIP _____ Male / Female (circle one)

Emergency Information:

Father's Name _____ Phone (H) _____
(W) _____

Mother's Name _____ Phone (H) _____
(W) _____

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

Name _____ Phone (H) _____ (W) _____

Name _____ Phone (H) _____ (W) _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Phone _____

Medical Insurance Company _____ Phone _____

Policy Holder _____ Policy # _____

Group # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the Oberlin Soccer Camps and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Oberlin Soccer Camps, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and had been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and /or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date