

Norfolk Soccer Club 2010

REGISTRATION

(Please Print)

Player:

Name (Last) _____ (First) _____ (MI) _____

(Circle) Male / Female Birthdate _____ 4 Digit Mother's Birth MMDD _____

Address _____ (City) _____ (Zip Code) _____

Home Phone _____

Team Name _____ Coach's Name _____

Family: (write "same" in areas that are same as Player)

Father's Name _____ E-mail _____

Address _____ (City) _____ (State) _____ (Zip Code) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ E-mail _____

Address _____ (City) _____ (State) _____ (Zip Code) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Provider _____ Policy _____

Physician's Name _____ Telephone _____

Allergies or Health Conditions _____

Date of Last Tetanus Shot _____

Emergency Contact _____

Telephone _____ Relationship to Child _____

MEDICAL RELEASE

With full knowledge of the risks of injury in the game of soccer, I hereby give permission for any and all medical attention necessary to be administered to registrant in the event of an accident, injury, sickness, etc., in any practice, game, tournament, scrimmage or while attending or traveling to or from any of those activities in the direction of the coach or designated assistant coach, until such time as I may be contacted. The registrant and I release, hold harmless and indemnify the Norfolk Soccer Club, Inc. and its representatives and coaches for any injury or damage related to the administration of emergency medical care. I do hereby assume the responsibility for payment of any such treatment.

Signature of Parent/Legal Guardian

Date: _____

Revised 2010