VISTA SOCCER CLUB
PLAYER INFORMATION & MEDICAL RELEASE FORM

Player's Name: _____ Phone: _____

Address _____ City_____ State_____ Zip_____

Birthdate ____/____/_____ U.S. Citizen: Yes _____ No _____ I.D.# _____

Parents' Home Phone: (___) _____ Parent's Work Phone (__) _____

PARENT'S APPROVAL AND MEDICAL RELEASE:
Recognizing the possibility of physical injury associated with soccer and in consideration for CYSA and The Vista Soccer Club and its affiliates accepting the registrant for its soccer tryouts and activities (the "Program"), I hereby release, discharge and/or indemnify CYSA and Vista Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, from any claim by or on behalf for the registrant as a result of the registrant's participation in the Program.

My son/daughter has received a physical examination by a physician and has been found physically capable for participating in the Program. 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.

_____ _____ (___) _____
Signature of Parent/Guardian Date Emergency Phone Number

Medical and/or Hospital Insurance Company:

_____

Policy Numbers:

_____

Known allergies or other pertinent medical information:

_____

_____

Emergency Phone Number Other Than Parent/Guardian:

_____ _____ (_____) _____
Name Relation Phone Number