



CENTRAL VIRGINIA UNITED SOCCER

Player Information & Medical Release Form

Player Name: _____

DOB: _____

Team Name: _____

Season: _____

Emergency Information

Parent/Guardian 1's Name: _____

Cell Phone: _____

Parent/Guardian 2's Name: _____

Cell Phone: _____

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

First Name: _____

Last Name: _____

Relationship to Player: _____

Cell Phone: _____

Player Information

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____

Phone: _____

Medical and/or Hospital Insurance Company: _____

Policy Holder: _____ Policy #: _____ Group #: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for CVU and the governing body of our league and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CVU and the governing body of our league, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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 has 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 each assistance and/or treatment.

Signature of Parent/Guardian

Date