



RPSC COMPETITIVE ASSESMENT FORM

PLAYER INFORMATION, MEDICAL INFORMATION AND MEDICAL RELEASE



First Name: _____ Last Name: _____ Date of Birth: _____ Parent/Guardian: _____ Phone Number: _____ Email: _____	New Player: <input type="checkbox"/> (if new, see Medical area below)	Day 1	Day 2
	Returning Player: <input type="checkbox"/> (if returning, circle one)	Bib Color	Bib Color
	Competitive / Recreational		
	Team: _____ Position(s): _____	Bib #	Bib #

PARENT/GUARDIAN CONTACT INFORMATION:

Name: _____

Home Address: _____

Cellular #: _____ Home #: _____ Alternate #: _____

Email Address: _____

TO BE COMPLETED BY PLAYERS **NEW** TO ROHNERT PARK SOCCER CLUB **ONLY**

MEDICAL INFORMATION:

Medical Provider Name: _____

Medical Number: _____

Medical Provider Phone Number: _____

MEDICAL RELEASE:

I/My child, _____, age _____, while participating in the Rohnert Park Soccer Club Competitive Soccer Assessments for the Competitive Soccer program, hereby consent to receive emergency medical care by the sports medicine staff or any other medical personnel recommended in the event that I become injured.

I have decided to officially tryout for the sport listed above. I understand that Rohnert Park Soccer Club does not require me to participate in this activity, but I want to do so despite the risks and situations where I might sustain severe bodily harm or injury. I will hold Rohnert Park Soccer Club harmless for any accident that might befall me as a result of participating in this athletic tryout.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____ Date: _____