



## Registration and Medical Liability Release Form

### Player Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

### EMERGENCY INFORMATION:

Players Physician Name: \_\_\_\_\_

Medical Conditions and Allergies \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Player \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that the registrant, a minor, and I abide by the rules of LAIFC, it's affiliated organizations and sponsors. Recognizing the possibility of the physical injury associated with soccer and in consideration for LAIFC and it's affiliates accepting the registrant for it's soccer programs, and activities. I hereby release, discharges and/otherwise indemnify LAIFC, it's affiliated organizations, sponsors, their employees and associated personnel, including the owners of the 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, emergency personnel, and or/treatment and agree to be responsible financially for the reasonable cost of such assistance and or/treatment. I hereby agree to disclose, in writing, all medical conditions, including allergies, listed on the registration form to my child's coaches and managers.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date