Penfield Rangers Soccer Club
PO Box 241
Penfield, NY 14526
585.419.6623
www.penfieldrangers.org

Player Registration & Medical Release

Player Information

Player Name: _____ (Last) _____ (First) _____ (Middle Init) Birthday: _____

Address: _____ (Street) _____ (City/State) _____ (ZIP)

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information

P/G #1 Name: _____ Home Phone: _____

Home Address _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

P/G #2 Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Alt. Phone _____

Physician & Insurance Information

Physician Name: _____ Office Phone: _____

Ins. Policy Holder Name: _____

Insurance Carrier: _____ Policy Number: _____

Allergies: _____

Known Medical Issues: _____

Consent for Medical Treatment

As the parent/guardian of _____I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any emergency diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I understand that as parent/legal guardian I am responsible for any medical or dental expenses related to this treatment that are not covered by my own health or dental insurance policy.

Signature of Parent or Guardian: _____Date: _____

Medical Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer (USYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and or otherwise indemnify the Penfield Rangers Soccer Club Inc., USYS, its affiliated organizations and sponsors, their employees and associated personnel including the owners 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 of being transported to or from the same which transportation I hereby authorize.

Signature of Parent or Guardian: _____Date: _____