

DRYDEN SOCCER CLUB
P.O. Box 277, Dryden, NY 13053

<http://www.drydensoccer.org>

League Member of New York State West Soccer Association
Affiliated with the United States Youth Soccer Association, United States Soccer Federation and FIFA
Sponsored in part by the Town of Dryden Recreation
Department

REGISTRATION / MEDICAL RELEASE FORM
Please Print Clearly and COMPLETE ALL Applicable Items

Name: Last _____ First _____ Initial _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Home Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Jersey Size:** YS YM YL AS AM AL XL XXL
(this REALLY helps your coach)

Birthday: (mm/dd/yy) _____ **Gender:** M F **School** _____ **Grade in School** _____

Father: _____ **Telephone: (H)** _____ **(W)** _____

Mother: _____ **Telephone: (H)** _____ **(W)** _____

Physician: _____ **Telephone:** _____

Emergency Contact Name: _____ **Telephone:** _____

List any medical problems we should know about:

I, the undersigned legal parent/guardian of the child listed below, hereby give permission for my child to participate in the Dryden Soccer Club and Town of Dryden Recreation Department sponsored program at my and his or her own risk. I understand that there is **NO** supplemental **accident insurance coverage** provided for participants in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith any and all decisions of the officials/person(s) in charge.

Recognizing the possibility of physical injury associated with soccer and in consideration for The Club and the Town of Dryden Recreation Department accepting the applicant for its soccer programs and activities (The Programs); I hereby release, discharge and/or otherwise indemnify its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used for The Programs, against any claim by or on behalf of the applicant as a result of the applicant s' participation in The Programs and/or being transported to or from the same, which transportation I hereby authorize.

This child has had a physical exam within the last year and there is no medical restriction(s) to prevent program participation. I and the above applicant hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Signature of Parent/Guardian: _____ Date: _____