



LEE COUNTY STRIKERS REGISTRATION/MEDICAL RELEASE FORM



“Live The Passion...Live The Game.”

LAST NAME: _____ FIRST NAME: _____ MI: _____

BIRTHDATE: ____ / ____ / ____ AGE: _____ CITIZEN(Y/N): _____ GENDER (M/F): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

PARENT’S EMAIL ADDRESS: _____

MOTHER’S NAME: _____ EMERGENCY TELEPHONE: _____

FATHER’S NAME: _____ EMERGENCY TELEPHONE: _____

PHYSICIAN’S NAME: _____ PHONE: _____

ADDRESS: _____ KNOWN ALLERGIES: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

*COACH: _____ *ASST. COACH: _____ *MANAGER: _____

* A league/tournament representative where my child is playing/participating in a tournament

Insurance Notice

All injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied.

Do you have medical/dental insurance? Yes _____ No _____

(If yes, please identify name of insurance company _____ Policy # _____)

Informed Consent and Release

I, _____ (name), acknowledge that I am completely aware of the inherent risks associated with soccer and I take full responsibility, financial or otherwise, for any injury that may occur as a result of my child’s participation in the Lee County Strikers Soccer Club Program (“Program”). In consideration of my child be permitted to participate in the Program and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby release, acquit and forever discharge Greater Fort Myers Soccer Club, Inc. d/b/a Lee County Strikers, as well as its officers, directors, employees and agents (collectively, the “Released Parties”), from any and all liabilities, claims, demands and causes of action for personal injury, property damage and or loss suffered by my child in connection with his/her participation in the Program or any of its soccer events or activities associated therewith. I will not hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my participation in any soccer events or activities associated with the Released Parties. I represent that I am the legal parent/guardian of the named minor on this form and agree that the grant and release contained herein binds me and the minor to all if its terms and conditions.

Medical Release

This release is made to allow my child to participate in the Program. My signature on this release is a condition of you permitting my child to participate. I certify that my child is of excellent physical health and may participate in strenuous exercises, including soccer. Permission is granted for my child to receive any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one (1) year from the date given below. I certify that there are no physical limits to my child’s participation in the program

Signatures

PLAYER : _____ DATE: _____

PARENT/GUARDIAN : _____ DATE: _____

NOTARY SIGNATURE : _____ DATE: _____

NOTARY SEAL