Oakwood Soccer Club, Inc.
40 Oakwood Drive
Glastonbury, CT 06033
www.oakwoodsoccer.com

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Player information and Medical Release Form

Name:_____ Current Oakwood Team: Boy's U-_____ Girl's U-_____

Phone:( )_____E-mail Address:_____

Address:_____

City:_____ State:_____ Zip:_____

Birthdate:_____/_____/_____ U.S.Citizen: Yes_____ No_____
Mo Day Yr

RESPONSIBILITY:
I will conduct myself in a manner respecting the facilities, other players, referees and the coaching and administrative staff, while I am participating in the Oakwood Soccer Club Program. Further, I understand that if I am found to be using or in possession of drugs or alcohol or in violation of the CLUB and or hosting facility's rules and regulations that this shall result in my immediate ejection from the program. I also understand and accept the fact that my parents will be responsible for making the necessary travel arrangements and shall bear all financial responsibility for my removal.

_____
Signature of Player Date

I have read the above paragraph and fully understand and accept the responsibilities as they are outlined.

_____
Signature of Parent/Guardian Date

PARENT'S APPROVAL AND MEDICAL RELEASE:
Recognizing the possibility of physical injury associated with soccer and in consideration for the ***Oakwood S.C.*** and it's affiliates accepting the registrant for its ***Soccer Programs*** and activities ***(the "Programs")*** I hereby release, discharge and/or otherwise indemnify the ***Oakwood S.C.*** , its affiliated organizations and sponsors, their employees and associated personnel, including the owners or fields and facilities utilized for 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 and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment.

_____ ( ) _____
Signature of Parent/Guardian Emergency Phone Number

Medical and/or Hospital Insurance Company:_____

Policy Numbers:_____

Known allergies or other pertinent medical information:_____
_____

Emergency Phone Number other than Parent/Guardian:

Name:_____ Phone #: ( )_____

Relation:_____