



# HARRISON FUTBOL CLUB

## PLAYER REGISTRATION AND MEDICAL FORM

Club Name: Harrison Futbol Club Team Name: \_\_\_\_\_

League Name: MID NJ YOUTH SOCCER ASSOCIATION (MNJYSA) Season: Spring 2018

Player Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NJ

Cell Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list Players allergies: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Police #: \_\_\_\_\_

I hereby consent to the above Club and Team registering me with MNJYSA. I understand that I may be registered to only one club at this time. Keep in mind this form is for Fall League, Spring League and any Tournament the team or club is participating. The Club does allow a player to play up within the club.

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of Physical injury associated with soccer and hereby release, discharge and otherwise indemnify the club and any leagues, soccer tournaments, US SOCCER CLUB, USSF, MNJYSA, their sponsors, its affiliated organizations, employees and personnel of these organizations against any claim by or on behalf of the soccer player name above as a result of that player's participation in any Youth Soccer Travel Program and/or being transported to or from the same which transportation I hereby authorize.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Player's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date