



BRSC OFFICIAL USE ONLY

Date Received: _____ Birth Certificate: Yes NA (Returning Player) Faxing TOPS:

Age Group: **U -** Age as of 08-01-11: _____

PLAYER INFORMATION

Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone (HM): _____

Physician: _____ Physician Phone: _____

Health Insurance Co: _____ Policy No: _____

Known Allergies / Special Conditions: _____

PARENT INFORMATION

Mother / Guardian: _____ Email: _____

Phone (HM): _____ Phone (Cell): _____

Place of Employment: _____ Occupation: _____

Father / Guardian: _____ Email: _____

Phone HM: (if different than above): _____ Phone (Cell): _____

Place of Employment: _____ Occupation: _____

INFORMED CONSENT, MEDICAL RELEASE AND PARENTAL RESPONSIBILITIES

Informed Consent: I, the parent/guardian of the registrant, agree that we will abide by the rules of the Braden River Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Medical Release: As parent or guardian of the registrant, I hereby give my consent for emergency medical and/or dental care as deemed necessary by a duly licensed dentist, physician, emergency medical technician, certified trainer or health care professional. This care may be given under whatever conditions are necessary to preserve life, limb or well being of that minor child. I further agree to be responsible for payment for such treatment and hold Braden River Soccer Club and its staff free from liability.

Signature of Parent / Guardian: _____ Date: _____

Witness By: _____ On this date: _____

(Notary Public)

State of Florida, County of Manatee. This person is personally known to me or has provided proper identification:

ID # _____

ID Type: _____