

Player's Name	Date of Birth	Age Group	
Street Address		City	State <u>RI</u>
	Eme	rgency Information	
Parent/Guardian #1	Home P	hone	Work Phone
Parent/Guardian #2	Home P	hone	Work Phone
	In an emergency, when pa	rents cannot be rea	ached, please contact:
Name	Home F	Phone	
Medical Conditions			· · · · · · · · · · · · · · · · · · ·
Medical Insurance Carrier			
Policy Holder Name			
Group Plan Number			
Player's Doctor		_ Doctors Phone	Number
	PARENT'S APPR	ROVAL AND MEDICA	AL RELEASE
programs and activities, I hereby re associated personnel, including the	elease, discharge and/or otherwise inde	mnify the USSF/USYSA the Programs against	SSF/USYSA and its affiliates accepting the registrant for its socce, its affiliated organizations and sponsors, their employees and any claim by or on behalf of the registrant as a result of the ansportation I hereby authorize.
consent to have an athletic trainer a		provide my son/daughte	lly capable of participation in the Programs. I hereby give my er with medical assistance and/or treatment and agree to be
	Signature of Parent/Guardian	Date	

Middletown Youth Soccer Club