

Success Through Soccer

Hosted by **ALPINE FC**



4v4 Soccer League



Player Medical Release Form

Each player must fill out a Medical Release Form before participating in The 2008 Winter Games. Please fill out all necessary information and send to your team representative. Team representatives are asked to provide all team registration paperwork together in one envelope with payment to:

**Success Through Soccer
836 10th Avenue
Redwood City, CA 94063**

Player Information

First Name: Last Name: MI: Team Name:

Address: City: Zip:

Home Phone: Cell Phone: Date of Birth: Gender: Please check box
M F

Emergency Contact: Emergency Contact Phone: T-Shirt Size

Insurance Provider: Doctor's Name:

Allergies/ other Medical Problems

Medical & Liability Release Agreement (Box MUST be initialed)

In consideration of the acceptance of my application for entry into participation in the above event/activity, I hereby waive, release and discharge any and all claims for damages which my child may have or which hereafter accrue to him/her against Success Through Soccer as a result of his/her participation in the event/activity. I hereby release, discharge and/or otherwise indemnify STS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the event/activity, against any claim by or on behalf of my child as a result of my child's participation in the event/activity.

Parent / Guardian Signature: _____ Date: _____