

COMMONWEALTH SOCCER PROGRAMS

MEDICAL RELEASE & LIABILITY FORM

I hereby approve of my Childs participation in Commonwealth Soccer Programs. My child is in excellent health and capable of strenuous physical activity. My child is currently covered by medical insurance and I understand that I am responsible for any fees due to injuries resulting from and in connection with camp activities. I will release and hold harmless the Commonwealth Soccer Programs, its directors and staff.

In the event that medical attention is required, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and I cannot be reached, I give permission for any care determined necessary by Commonwealth Soccer Programs.

PLAYER INFORMATION

Player's Name:				Date of Birth:		/		/		
Father:				Mother:						
Player's Address:				City:			State:		Zip:	
Email Address:				Home Phone:						

EMERGENCY CONTACT INFORMATION

Parent or Guardian:			Work Phone:			Cell Phone:		
Know Allergies/Conditions:								

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Health/Accident Insurance Company

Policy or ID Number

Emergency Contact

Phone

Family Physician

Phone

Signature of Parent Guardian

Date



All campers MUST have insurance coverage under their parents/guardian's policy in order to participate in the Commonwealth Soccer Programs. CSP provides additional insurance.