

RSC Player Information / Release Form

Player's Name: _____ Male -
Female -

(FULL LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE)

Date of Birth:
(Month/Day/Year) ____ / ____ / ____

**** Club Use Only ****

Division/Age U- ____

Tryout Number = ____

- I have never played Travel Soccer.
 Last year, I played Travel Soccer on the _____ (e.g. RSC U-12B) team.
 I played Travel Soccer before _____
(Place & Time Frame)

Parents or Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Player's Cell : _____

Cell Phone: _____ Memo (Who's): _____

Cell Phone: _____ Memo (Who's): _____

Email: _____ Memo (Who's): _____

Email: _____ Memo (Who's): _____

Email: _____ Memo (Who's): _____

FALL 2012 School: _____ Grade: _____

Other? -- _____

Release Statement:

I hereby give my consent and permission for the player named above to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness under the direction of Club personnel, until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player.

I also attest the player is a willing participant in this event and I understand and agree neither the Club, its Officials, Personnel, nor any others acting in good faith to facilitate this event are liable.

Parent or Guardian's Signature

Date