

# MANHATTAN SOCCER CLUB

## Medical Emergency Form Fall 2011 – Spring 2012

### PLAYER INFORMATION

Last Name	First	Middle Initial	Date of Birth Mo./Day/Yr / /	Sex M/F	Home Telephone ( ) -
Address: Number and Street			City/State/Zip	School	
Player Cell Phone			Player E-Mail Address		

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: Last Name			First	Middle Initial	E-Mail Address (if different)
Address (if different): Number and Street			City/State/Zip		Home Phone (if different) ( ) -
Employer	Work Phone ( )	Cell Phone ( )	Beeper/Car/Other ( ) -		
Parent/Guardian 2: Last Name			First	Middle Initial	E-Mail Address (if different)
Address (if different): Number and Street			City/State/Zip		Home Phone (if different) ( ) -
Employer	Work Phone ( )	Cell Phone ( )	Beeper/Car/Other ( ) -		

### DOCTOR/EMERGENCY CONTACT INFORMATION

Physician Name	Address	Telephone
Name of Alternative Emergency Contact (in case a parent cannot be reached in an emergency)	Home: ( ) - Work: ( ) - Cell: ( ) -	Insurance Company/Policy Number  <b>Please attach a photocopy of insurance card to this form.</b>

### MEDICAL CONDITIONS/LIMITATIONS/INJURIES/ALLERGIES/MEDICATIONS

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition?	<b>YES</b> <b>NO</b>	If YES, please identify (attach additional page if needed):
Does this child take any regular medication?	<b>YES</b> <b>NO</b>	If YES, please state medication and reason:

**EMERGENCY AUTHORIZATION:** I, the below named parent or legal guardian of the participant named above, a minor, or if the participant is not a minor, I as the player, hereby authorize the coaches, assistant coaches, team managers, trainers, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents to consent to medical, surgical or dental examination and/or treatment for the participant under whatever conditions are necessary to preserve the life, limb or well-being of the participant and I hereby authorize treatment and/or care at any hospital.

**WAIVER AND RELEASE OF LIABILITY:** To induce Manhattan Soccer Club (MSC) to accept registration and permit participation in MSC by the above named participant, I, the undersigned parent or legal guardian of said participant, if the participant is a minor, or if the participant is not a minor, I as the participant, hereby agree to release, indemnify and hold harmless MSC, its officials, directors, officers, coaches, assistant coaches, trainers and representatives, from any claim, loss or damage arising out of injuries to the named participant while engaged as a player for a member Team of the Club or while using the property or facilities of the Club, whether such loss, damage or injury be occasioned by the Club, its agents, employees or otherwise.

**IMPORTANT INFORMATION:** Registration in the Manhattan Soccer Club (MSC) is good for one seasonal year (September 1, 2011 to August 31, 2012) as defined by the United States Youth Soccer Association (USYSA). Registration is paid by the Team. Players are covered by secondary accident reimbursement insurance. Teams, team officials and players are bound by the By-Laws and Rules and Regulations of MSC. Copies are available from the Club or on the internet at [www.manhattansc.org](http://www.manhattansc.org). By signing this document and registering your child or yourself with the Manhattan Soccer Club, you are indicating your agreement with the above.

**If player is a minor:** \_\_\_\_\_  
 (Print name of minor's parent or guardian) (Date) (Parent/Guardian Signature)

**If player is NOT a minor:** \_\_\_\_\_  
 (Print name of participant) (Date) (Participant's Signature)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 (Notary Public)