



MODERN SOCCER ACADEMY
MEDICAL RELEASE FORM

MSA

Player`s Name _____ .Date of Birth _____ .Gender M F

Address _____ .Town _____ .State _____ .Zip Code _____ .

Contact Information

Father`s Name _____ Phone _____ e-mail _____ .

Mother`s Name _____ Phone _____ e-mail _____ .

In an emergency when parents cannot be reached ,please contact:

Name _____ . Home Phone _____ Work Phone _____ .

Medical Information

Allergies _____ .

Other medical Conditions _____ .

Player`s Physician _____ .

Primary Medical Insurance Company _____ .

Policy Holder _____ Policy # _____ .Group _____ .

PARENT`S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs),I hereby release,discharge and /or otherwise indemnify the New Jersey Youth Soccer ,its affiliated organizations and sponsors ,their employees and associated personnel,including the owner of thae fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant`s participation in the programs and /or begin transported to or from the same,which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs.I hereby give my consent to have and athletic trainer/or doctor of medicine or dentistry provide my con/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and /or treatment.

Signature of Parent or Guardian

Date