



**AVON SOCCER CLUB TRAVEL REGISTRATION**  
**Medical Release Form Travel Soccer**  
**[www.avonsoccerclub.org](http://www.avonsoccerclub.org)**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

**PARENT'S APPROVAL AND MEDICAL RELEASE**

I recognize that the possibility of physical injury associated with soccer, and I hereby release the Avon Soccer Club and any board, committee and members from liability of any occurrences of injury or illness which may be caused or resulted by participating in this activity.

\_\_\_\_\_  
Signed (Parent or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Player's Name

U-\_\_\_\_ Boys / Girls

\_\_\_\_\_  
Team Name