

Registration Form, Medical Information, and Liability Release

Player Information:

Name: _____

Address: _____ City: _____ State: _____

Gender: B G

Player's Age group: _____ Player's Team: _____

Field player: _____ Goalkeeper: _____ T-Shirt Size: _____

Medical Information:

Does the player have any orthopedic, medical, emotional, or allergic conditions that we should be aware of? (Please circle) YES NO

If yes, please specify:

Contact Information:

Home phone: _____

Mom's cell: _____ Dad's cell: _____

E-mail 1: _____

E-mail 2: _____

Emergency contact's name: _____ Phone number:

Parental Consent

I, the undersigned, verify that the child named above is in good health, and has had annual exam by a licensed physician within the last year. Any special medical conditions or medication requirements that the staff needs to be aware of are clearly indicated above. I authorize International Soccer Academy to act on my behalf in the event of a medical emergency. International Soccer Academy LLC its staff, its members, agents, officers, and employees assume no liability for damages as a result of participant's negligent actions during summer camp. The player's parent or guardian is responsible for any property damage caused by the player. If a player's property is lost or stolen, International Soccer Academy LLC will make every effort to locate it. However, International Soccer Academy accepts no responsibility for the loss or damage of a player's property. I give my permission to International Soccer Academy LLC to use player's picture in promotion of International Soccer Academy events in printed or electronic media.

I have read and accept the policy statement, _____

Signature of parent or guardian _____

Parent/ guardian name: (please print) _____

Date _____ Relationship to player _____

Please print, fill out, and return forms with a check made payable to International Soccer Academy LLC.

Mail to: 377 Grinstead Rd. Severna Park, MD 21146