



Iowa Soccer Club  
2009-2010  
Player Information & Waiver Form



Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Mother's Birth Month and Day (ex. July 6<sup>th</sup>, 07/06) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

*In an emergency when parent/guardian cannot be reached, please contact:*

Name \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

In consideration for the above soccer player participating as a member of a team that belongs to the Iowa Soccer Club, Incorporated I/we hereby waive any legal claims and release the Iowa Soccer Club, Incorporated, its Board of Directors, ISC Employees and the team on which my son/daughter is participating from any claim of negligence. I understand the participation in soccer may cause injury and I agree not to file any claim against the Iowa Soccer Club, Incorporated, and its Board of Directors, ISC Employees or the team in the event of injury to my son/daughter while participating in this soccer program.

I hereby give my consent in the event of injury to have an athletic trainer, medical doctor, nurse, hospital, clinic or other qualified health care provider, give medical assistance and/or treatment, and agree to be financially responsible for the cost of this assistance and/or treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

New Players-Please provide a copy of an original birth certificate and the appropriate fees for registration.

ISC team managers-Make copy of this form and save with team records along with birth certificate.

**Office Use Only: Registrar's Information**

Registration Fee \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Waiver \_\_\_\_\_ Team No. /Name \_\_\_\_\_ Player card \_\_\_\_\_