



Iowa Soccer Club
2010-2011
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 6th, 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 _____