



TORPEDOES SOCCER CLUB

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BIRTH DATE: _____

CURRENT GRADE: _____ SCHOOL: _____

EMAIL ADDRESS: _____

PREVIOUS TEAM(S): _____

PARENT'S NAMES: _____

MEDICAL RELEASE

Recognizing the possibility of serious injury associated with soccer and in consideration for the Torpedoes Soccer team accepting the candidate for its soccer tryouts, programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Torpedoes Soccer Club, its coaches, trainers and evaluators, the US Club Soccer and their affiliated organizations, all sponsors, employees and associated volunteers and paid personnel, including the owners of fields and facilities being utilized for the programs, against any claim by or on behalf of the candidate resulting from the candidate's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. My child has a physical examination by a physician and has been found physically capable of participating in this program.

I also grant the coach, or other Torpedoes official supervising the programs, permission to act as my surrogate for my child for the purpose of obtaining emergency medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

PRINT NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____