



Oil Region Soccer Association Registration and Medical Authorization Form

Player's Name: _____ Sex: M / F (circle one).
 Address: _____
 Date of Birth: _____ Grade: _____
 Parent /Guardian: _____ Phone: (____) _____
 Parent /Guardian: _____ Phone: (____) _____

I, the undersigned, parent or natural guardian of _____, a minor, understand that he/she is about to become a participant in a soccer program sponsored by the Oil Region Soccer Association, (hereafter known as the "Club"). I understand that there are certain risks of injury associated with playing soccer and I agree to assume those risks. I believe that my son/daughter is in proper physical condition to participate in this sport. I hereby release and forever discharge the Club, its members, officers, coaches and employees from any and all liability, including liability for antecedent negligence, for injury to my son/daughter by reason of his/her participation in the sport of soccer with the Club. I also understand that the Club will carry medical insurance but it will be secondary to my personal medical coverage. Only in the event that t do not have medical insurance will the Club's insurance be primary. I agree to indemnity and hold harmless the Club, its members, officers, coaches and employees from any and all liability they may incur on account of my son's/daughter's participation in this program, to him/her or to any other person. In the event of injury or illness involving my son/daughter, I authorize the coaches or other representatives of the Club to arrange for and consent to, on my behalf, any required medical treatment. I agree to abide by the refund policies of the Club, and that my son/daughter will abide by the rules of PA WEST and ORSA.

I prefer to be contacted by _____ (e.g. "email" or "phone" with #)

My daughter/son has the following medical problems/allergies which should be noted:

My medical/health insurance company name, address and policy number is:

In case of emergency, I can be reached at:
 Home Phone _____ Cell Phone _____ Work Phone _____

Nearest relative or friend you can contact in any emergency should you be unable to reach me:
 Name: _____ Phone: _____
 Family Physician: _____ Phone: _____

 Parent/Guardian Signature Date

Email address: _____