

# 2009 – 2010 Travel Registration Form



## **INFORMATION:**

*Player*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *St* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Grade in (to be) school:* \_\_\_\_\_ *Shirt Size:* \_\_\_\_\_ *Youth (SML) Adult (SML)*

*Mother's Date of Birth:* \_\_\_\_\_ *Player's Date of Birth:* \_\_\_\_\_

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## **MEDICAL RELEASE:**

*As the parent/legal guardian of \_\_\_\_\_, I request that in my absence, the above-named player be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.*

*Known allergies:* \_\_\_\_\_ *(or NONE)*

*Other medical issues to note:* \_\_\_\_\_

*Family Physician:* \_\_\_\_\_

*Emergency Number (other than guardians listed below):* \_\_\_\_\_

*Health Insurance Carrier:* \_\_\_\_\_

*Policy #s:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Guardian Name(s):* \_\_\_\_\_

*I attest to the correctness of the information and as person responsible for medical charges:*

\_\_\_\_\_  
*Signature of Guardian*

\_\_\_\_\_  
*Date*

**\*\*\*\* IYSA rules require that any player registering with a soccer club is committing to play for the team for the entire soccer season (Fall through Spring). This registration makes that commitment to Seymour Soccer.**