

Greece Boys Soccer League Registration

3177 Latta Rd. PMB 127 Rochester, NY 14612

www.GreeceBoysSoccer.org

Child's Full Name:
Child's Birth Date:
Parent or Guardian Info:
Mothers Full Name:
Fathers Full Name:
Address:
Home Phone:
Cell Phone:
Family Physician: Name: Address: Phone:
Questions, Comments, anything we should know:

PARENT'S MEDICAL RELEASE

Medical or Insurance Company:
Policy Numbers:
Known Allergies:
Emergency Contact Person & Phone Number incase we cannot get a hold of parents: Name: _____ Relation: _____ Phone Number: () _____
My child is hereby granted permission to attend and participate in the GBSL. My child is physically capable of participating in the GBSL In exchange for the privilege of participating in this program, I hereby waive any legal claim against those associated with this program if my child is injured while residing at and/or participating in the program at locations to which he has been invited. In my absence I hereby give my consent, in case of injury, to have the coach, an athletic trainer and/or doctor of medicine or dentistry or an Emergency Medical Team provide my child with medical assistance and/or treatment. Signature: _____ Date: _____