

Tewksbury Soccer Club

PO Box 209, Califon, NJ 07830

Season _____
Check # _____
Amount _____

PLAYER INFORMATION

Last _____
Address _____ Sex _____
City _____ State _____ Zip _____ Birthdate _____
School _____ Grade _____

PARENT 1 INFORMATION

Last _____ First _____ Phone _____
Address _____ Work _____
City _____ State _____ Zip _____ Cell _____
Email _____
Volunteer Coaching; SAGE; Phone Chain; Fields; Snacks; Uniforms; Other

PARENT 2 INFORMATION

Last _____ First _____ Phone _____
Address _____ Work _____
City _____ State _____ Zip _____ Cell _____
Email _____
Volunteer Coaching; SAGE; Phone Chain; Fields; Snacks; Uniforms; Other

MEDICAL INFORMATION

Physical Limitations _____
Allergies _____
Family Physician _____ Phone _____
Medical Insurance _____ Policy # _____

In the event that the above-named child is injured and cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia or surgery for my child. Please notify:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

CONSENT/WAIVER

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member of the sport designated above. I also understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Tewksbury Athletic Association, Inc., the Tewksbury Soccer Club, the Township of Tewksbury, and the Tewksbury Board of Education: their trustees, officers, employees, coaches, sponsors, supervisors, and representatives from any and all claims arising out of such injury that may be suffered by my child or myself as a participant or spectator in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

SIGNATURE

Parent or Guardian _____ Date _____