



Aloha United Soccer Club

Player Name: _____ DOB: _____ Gender: M / F

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Day Time Phone: _____ Evening Phone: _____ Cell Phone: _____

Tualatin Hills Park and Rec ID#: _____

Parent/Guardian:

I authorize participation by the above named player in the Aloha United/Aloha Youth Soccer tryouts and soccer program. In return, I accept the risks associated with participation and agree to hold harmless Aloha United/Aloha Youth Soccer and its coaches, officers, directors and other leaders for any claims resulting out of injury to the named player. I agree to provide sufficient medical insurance as protection and acknowledge that Aloha United/Aloha Youth Soccer does not provide such coverage. I authorize medical procedures to be performed in my absence when deemed necessary by a representative of Aloha United/Aloha Youth Soccer or by a physician.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship to player _____

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical 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.

Date of last Tetanus Booster ___/___/___
Month Day Year

Health Issues/Medications: _____

Insurance Company: _____ Doctor: _____ Phone: _____

Family Physician _____ Phone _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone _____ H _____ W _____ FAX _____

Person to notify if parent/guardian is unavailable _____

Phone _____ H _____ W _____ FAX _____

Signature of Parent/Guardian _____