



# PARKER BULLS SOCCER CLUB

## Player Information Form



### PLAYER INFORMATION

Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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### PARENT/GUARDIAN INFORMATION

Father/Guardian	Phone	Email		
Mother/Guardian	Phone	Email		
Mailing Address	City	State	Zip	

### EMERGENCY INFORMATION

Emergency Contact (if parents/guardians are unavailable)	Relationship	Phone
Emergency Contact (if parents/guardians are unavailable)	Relationship	Phone

### MEDICAL INFORMATION

Medical Issues (allergies, injuries, medications, etc.)	Player Physician	Phone
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### BILLING INFORMATION

I will submit cash/a check payable to "Parker School".       Please bill the player's Parker School student account.

### MEDIA RELEASE

I agree to allow my child's  photograph and/or  name to be used by Parker School in the school's publications, promotional materials and website, without compensation and without prior notice and hold the school harmless from any liability stemming from such disclosure.

I do not agree to allow my child's photograph or name to be used by the school in school publications, promotional materials, website or press releases.

### PERMISSION, RELEASE, AND INDEMNITY

I hereby give my permission for the above named player to participate in the Parker Bulls Soccer Club. The player and parent/guardian (s) represent that the player is physically and mentally capable of fully participating in this program and know of no reason why participation presents a special risk of harm to the player due to the player's particular mental and/or physical condition. In consideration of the player's participation in the soccer programs and activities of the Parker Bulls Soccer Club, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Parker School, its board members, trustees, officers, employees or agents from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Parker Bulls Soccer Club, including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Payment Received

Rostered

Photo

Submitted to HYSA