



## 4v4 Soccer Tournament/League Player Medical Release Form

**Each player must fill out a Medical Release Form before participating in the 2010 Spring Games.**

Please fill out all necessary information and send to your team representative. Team representatives are asked to provide all team registration paperwork together in one envelope with payment to:

Mustang Soccer League  
P.O. Box 1827  
Danville, Ca 94526

### Player Information

Team Name: \_\_\_\_\_ Team Age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:

Please check box

M  F

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Allergies/ other Medical Problems: \_\_\_\_\_

### Medical & Liability Release Agreement (Box MUST be initialed)

In consideration of the acceptance of my application for entry into participation in the above event/activity, I hereby waive, release and discharge any and all claims for damages which my child may have or which hereafter accrue to him/her against Mustang Soccer League as a result of his/her participation in the event/activity. I hereby release, discharge and/or otherwise indemnify MSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the event/activity, against any claim by or on behalf of my child as a result of my child's participation in the event/activity.

Parent / Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_