



PLAYER FORM

Player Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Male Female School Name: _____ Grade: _____

Emergency Contact #1: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

List any Medical Problems/Physical Limitations Player has: _____

Parent Information:

First Name: _____ Last Name: _____

Mother Father Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

IMPORTANT – I/We, the parent/guardian of the above named player a minor, and the above named player agree to the following:

Waiver, Release and Assumption of Risk: (1) I hereby release, discharge and/or otherwise indemnify Autobahn Soccer Club (ASC), their employees and associated personnel, including owners of fields and facilities utilized by ASC against any claim by or on behalf of the of the registrant as a result of the registrar's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. (2) I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature: _____ Date: _____