



**2018-2019 PLAYER REGISTRATION FORM**

PLAYER'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
GENDER: M \_\_\_ F \_\_\_ HOME #: \_\_\_\_\_

SCHOOL GRADE (2018-2019): \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_  
PRIMARY PARENT/GUARDIAN:  
LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ HOME #: \_\_\_\_\_  
CELL #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
RELATIONSHIP TO PLAYER: \_\_\_\_\_

—  
PRIMARY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT PERSON: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ CELL#: \_\_\_\_\_

The following Medical treatment form must be filled out in order for any player to take any field (see page two of this form):

(Page two)

CONSENT FOR MEDICAL TREATMENT

PLAYER'S NAME:

Recognizing the possibility of physical injury associated with soccer and in consideration for Southern Vermont Mountain Soccer Club (the "Club") and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant the Club and its Coaches and Administration permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

PLAYER'S NAME:

Parent/Guardian: (Please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PRIMARY MEDICAL INSURANCE COMPANY: \_\_\_\_\_

INSURANCE GROUP#/POLICY #: \_\_\_\_\_

INSURANCE POLICY HOLDER: \_\_\_\_\_

\_\_\_\_\_

Player card signature required:

Please have your child sign below to be used on the Vermont Soccer Association players's cards– this signature is necessary in order for your child to be rostered with the state and participate in any game. Please have them sign between the brackets below with their legal first and last name:

< \_\_\_\_\_ >signature