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## MERCER COUNTY YOUTH SOCCER LEAGUE PLAYER'S EMERGENCY INFORMATION

PLAYER'S NAME: \_\_\_\_\_  
Last First M.I.

PLAYER'S BIRTHDATE: \_\_\_\_\_  
Month Day Year

### Responsible Party

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

### EMERGENCY PHONE NUMBERS:

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### MEDICAL INFORMATION

DRUG ALLERGIES: \_\_\_\_\_

SEASONAL ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ Ph.# \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

INSURANCE CO. and POLICY No. \_\_\_\_\_

**AGREEMENT:** I hereby certify that all player registration information given above is correct. In order to participate in this program, as parent, or guardian for said participant, I assume the risk of any and all injuries suffered or caused by said participant due to the participant in said activity. Additionally, I hereby give my consent for all medical care prescribed by a duly licensed physician for my dependant if the injury or illness occurs while he/she is under the supervision of the Mercer County Youth Soccer League, Inc. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_