

FC BLAZERS JUNIOR ACADEMY REGISTRATION FORM

PLAYER INFORMATION

Player Name: _____

Date of Birth: _____ Age: ____

Player Address: _____

Town: _____ State: ____ Zip: _____

PARENT INFORMATION

Parent 1 Name: _____

Parent 2 Name: _____

Daytime Telephone: _____

Cell Telephone 1: _____

Cell Telephone 2: _____

Email Address 1: _____

Email Address 2: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Telephone: _____

MEDICAL INFORMATION

Physician's Name: _____

Telephone: _____

Date of last tetanus booster: _____

Describe any allergies, disabilities, or respiratory conditions that might limit participation:

INSURANCE INFORMATION

I authorize the FC Blazers staff to provide care and seek medical treatment for my child.

Medical Insurance Provider: _____ Policy Number: _____

In the event of an emergency, I authorize FC Blazers to seek medical care for my child and give my consent for any 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 life, limb, or well-being of my child. By my signature I agree to release and hold harmless FC Blazers, its staff and directors, from all causes, liabilities, damages, claims, or demands on account of any injury or accident involving my child arising from my child's attendance at the Academy and activities in connection therewith.

Print Parent Name: _____ Signature: _____ Date _____

