

Sting Soccer Club

Soccer Clinic Registration & Medical Release



Player Information:

Player Name:	Birth Date:
Address:	
City / State:	Zip:
Parent/Guardian	
Phone (home):	(work):
Email Address:	
Current Team:	Home Association:

Coach Acknowledgement:

"The recruiting of players for the benefit of any individual team, club, and/or organization is strictly prohibited. Any person having knowledge of any player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., would report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violations in accordance with NTSSA Rule 3.10. (Recruiting is any action or statement, made by anyone, either verbally or in writing that encourages or entices a player to register with a particular coach, team, club and/or organization.)"

I am aware that a player registered to my team is participating in this event.

Signature of Coach: _____

Medical Release:

I, the undersigned parent/guardian, hereby give permission for the staff of the Sting Soccer Clinic to seek medical attention for my child/ward in the event of an accident, injury or illness. I agree to be responsible for any and all costs of first aid or medical care. In consideration of the acceptance of my child's/ward's entry into the Sting Soccer Clinics, I hereby, for myself and my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release the Sting Soccer Clinics, its coaches, administrators, officers, agents, and employees and the owners of the facilities in which any injury my child/ward or I may have by virtue of or arising in connection with her participation in the Sting Soccer Clinics. By executing this document, I hereby assume, on behalf of my child/ward, all risk of injury or loss to which she may be exposed.

I acknowledge that I have read and fully understand the medical release and waiver.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ **Date:** _____

Please list any medical or physical conditions or medications required which the clinic staff may need to be aware: