



As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____
Month Day Year

Date of last Tetanus Booster _____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____

Person to notify if parent/guardian is unavailable _____

Phone (Home) _____ (Work) _____

Insurance Carrier _____ Policy Number _____

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with soccer and in consideration for Get Sharp Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify Get Sharp Soccer (including volunteers and contract employees), affiliated organizations, and associated personnel, including Cincinnati Country Day School (owner of the fields and facilities used for the Programs), against any and/or all claims by or on behalf of the registrant as a result of the registrant's participation in the Program.

Signature of Parent/Guardian

Date



GET SHARP SOCCER
Standard Photo and Video Release Form for Minor Children

I hereby authorize Get Sharp Soccer to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the Get Sharp Soccer's printed publications, website, videos and training purposes.

I release Get Sharp Soccer from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Get Sharp Soccer to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by Get Sharp Soccer is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Get Sharp Soccer confers no rights of ownership whatsoever. I release Get Sharp Soccer, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____