



## WAIVER&RELEASE 2009 -2010

I, (participant's name), (hereinafter "Releasor") \_\_\_\_\_  
 being of lawful age, in consideration of my being permitted to use and/or utilize Rising Stars Soccer Club of CNY, Inc's facility located in the Town of Westmoreland, New York, do to myself, my heirs, executors, administrators and assigns, hereby unconditionally release and forever discharge Rising Stars Soccer Club of CNY, Inc., its successors, assigns, officers, directors, agents and employees, from any and every claim, demand, proceeding, action or cause of action of whatever kind or nature, either in law or in equity, asserted or unasserted, directly or indirectly, known or unknown, arising out of or related in any way to any bodily illness or personal injuries, death or property damage resulting from participation in activities at the facility.

Furthermore, I understand that utilizing recreational facilities and or participating in recreational activities, including sports, carry with it inherent risks, including, but not limited to being hit by balls or other moving objects, related bodily injuries and even the risk of death.

Releasor gives this release and waives rights or claims as specifically set forth above as consideration for the privilege and right given me to use such facilities or participate in such activities.

Releasor agrees that if any provision of this Waiver and Release be declared unenforceable by a Court or Tribunal of competent jurisdiction, it shall not adversely affect the enforceability of any other provisions thereof.

Releasor further states that I have carefully read the foregoing Waiver and Release, that I know the contents thereof, and sign this release as my own free act.

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Participant's Last Name	First	M.I.	Date of Birth
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Address	City	State	Zip Code
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Signature (parent/guardian if participant under age 18) Phone Number \_\_\_\_\_



2009-2010

## Medical Information & Emergency Consent Form

### I. GENERAL INFORMATION

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

Work phone or emergency contact number \_\_\_\_\_

Other person/phone number to contact in emergency \_\_\_\_\_

Family physician Physician's phone \_\_\_\_\_

### II. MEDICAL INFORMATION

Parents of children participating in programs at the Rising Stars Soccer Club of CNY, Inc.'s facility are asked to provide the following information in case of injury or illness so that program supervisors and coaches have quick reference to the special needs of the child.

1. Does your child have any condition that would prohibit his/her participation in a recreational activity program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify: \_\_\_\_\_

2. What restrictions, if any, would impose on the child's participation in this type of program?

3. Are there any activities in which the child's involvement would be restricted? If yes, please specify: \_\_\_\_\_

4. Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does your child wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is the child up to date on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Has the child had a recent tetanus booster? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does your child currently take any medications and/or prescriptions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

10. Does your child currently have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list carrier and policy number: \_\_\_\_\_