



GALAXY ALLIANCE SOCCER CLUB

Player Info & Release Form

Team / Coach / Clinic Name: _____

PLAYER INFORMATION

Player Name: _____

Date of Birth: _____ Gender: M/F (circle one)

Player's School: _____ Grade: _____

Player's Current Team: _____

Preferred Position(s): _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I hereby give my permission for the above player to participate in activities with the Galaxy Alliance Soccer Club (GASC). I understand that as a condition of admittance as a participant, I the undersigned, release GASC, its officials and members from any liability for any injury or illness, mental or physical, due to the player's participation during or related to the GASC activities. In the event of any accident or injury, I (we) the undersigned Parent(s)/Guardian(s) give my/our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine and/or Doctor of Dentistry. I hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician and/or dentist deems necessary under the circumstances and to preserve the life, limb or well being of my dependent.

Signed: _____ Date: _____