

Fairport Soccer Tournament Player Conduct Pledge and Medical Release Form

Name: _____ Birth Date: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Player Responsibility

I will conduct myself in a manner respecting the facilities, other players, referees, coaching, and administrative staff of the Fairport Soccer Club while I am participating in the Fairport Soccer Club Tournament. Further, I understand that, if I am found to be using or in possession of drugs or alcohol or in violation of the US Youth Soccer and/or hosting facility rules and regulations, that this shall result in my immediate ejection from the tournament. I also understand and accept the fact that my parents will be responsible for making the necessary travel arrangements and shall bear all financial responsibility for my removal from the tournament site.

Player Signature Date

I have read the above paragraph and fully understand and accept the responsibilities as they are outlined.

Parent/Guardian Signature Date

Parent / Guardian Approval

Recognizing the possibility of physical injury associated with soccer and in consideration for the Fairport Soccer Club and its affiliates acceptant the registrant for its soccer tournament, I hereby release, discharge and /or otherwise indemnify the Fairport Soccer Club, its affiliates, organizations, sponsors, their employees and associates and associated personnel, including the owners of the fields and facilities utilized for the tournament against any claim by or on behalf of the registrant as a result of the registrant's participation and/or being transported to or from the same, which transportation I authorize. My son/daughter has received a physical examination by physician and has been found physically capable of participating in the tournament. I hereby give my consent to have a first aid responder, athletic trainer, emergency medical technician, nurse, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment.

Parent/Guardian Signature (_____)
Emergency Phone Number

Medical Insurance Provider _____

Policy Number _____

Known allergies or pertinent medical information _____

Emergency phone number other than parent/guardian

Name Relation (_____)
Phone Number