



Player Information

Player Last Name _____ Player First Name _____
Street Address _____ City _____ State _____ Zip _____
Father/Guardian _____ Mother/Guardian _____
Phone _____ Alt. Phone _____ E-mail _____
Player Birthdate _____ Height _____ Weight _____ Soccer Experience _____
Emergency Contact _____ Phone _____ Relation _____
Physician Name _____ Physician Phone _____
Please note any medical conditions we should be aware of: _____

Emergency Authorization

I, the undersigned parent or legal guardian of the above player, who is a minor, hereby authorize the staff of RightStart Soccer, LLC, to obtain or provide medical, surgical, or dental examination and/or treatment in the event of an emergency.

Waiver

I hereby, on the behalf of the above player, release the staff of RightStart Soccer, LLC, and the city of Santa Clarita from any liability due to injury or illness while attending the soccer camp.

I have read and understand the above Emergency Authorization and Waiver.

Parent/Guardian _____ Signature _____ Date _____