

**Bergen Catholic
Soccer Club**



**Bergen Catholic High School
Congregation of the Christian Brothers
1040 Oradell Avenue, Oradell, NJ 07649
201 261 1844**

Medical Release Form

Player's Name _____ U.S. Citizen: Yes__ No__

Address: _____

City/State/Zip Code: _____

Parent's Phone #: () _____ (Home) () _____ (Work)

Emergency Phone # other than Parent/Guardian:
Name: _____ Phone: _____

Name: _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known Allergies or other pertinent information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for Bergen Catholic High School accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify Bergen Catholic High School, its agents, employees and chaperones/coaches and other associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim, injury or loss sustained by or on behalf of the registrant's participation in the Programs an/or being transported to or from the same, which transportation I hereby authorize. My son/ward has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Bergen Catholic and/or Coaches permission to act as my surrogate for my son/ward in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my son/ward.

Signature of Parent/Guardian: _____

Subscribed and sworn to me this _____ Day of _____ 20 _____

Signature _____ My commission expires _____
Notary Public