



WAIVER & RELEASE 2013-2014

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.

Participant's Last Name First M.I. Date of Birth

Address City State Zip Code

Signature (parent/guardian if participant under age 18) Phone Number



2013-2014

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: _____