

NORWALK JUNIOR SOCCER ASSOCIATION EMERGENCY HEALTH FORM

NJSA (A Parent Run Organization) Spring 2008 Emergency Health Form

In consideration of NJSA granting permission to my child to participate in its soccer program, I hereby waive all claims for damage or loss to my child's person and property which may be caused by any act, or failure to act on the part of NJSA, its Officers, Coaches or Referees. I assume the risk of all dangerous conditions on or about the playing fields and waive any and all specific notice of the existence of such conditions. I give permission for:

(Player's name)

to participate in this soccer program, realizing that such an ability involves the potential for injury which is inherent in all sports.

I acknowledge that I have read and fully understand these statements and accept responsibility for paying the cost of athletic injury beyond the limitations of NJSA's liability insurance.

Parent or Guardian's Signature: _____

Date: _____

Medical information you want to have on file: _____

IN ORDER TO PROPERLY REGISTER YOU MUST SIGN AND RETURN THIS FORM & A REGISTRATION FORM WITH A COPY OF THE PLAYER'S BIRTH CERTIFICATE, (BIRTH CERTIFICATE REQUIRED ONLY IF NOT PREVIOUSLY SUBMITTED). PLEASE CHECK THAT THE INFORMATION ON ALL FORMS IS CORRECT. REGISTRATIONS ARE ACCEPTED ONLY UPON RECEIPT OF ALL PROPERLY COMPLETED INFORMATION.