



**Ridgewood Soccer
Association
&
Maroons Soccer Club**

AUTHORIZATION AND RELEASE

I give permission for my child to participate in the KinderKickers Program sponsored by the Ridgewood Soccer Association and the Maroons Soccer Club.

Parent/Guardian Signature

Date

PLAYER INFORMATION

Player's Name

Birth Date

Street Address

Parent's Name

Telephone

Emergency Contact

Telephone

Email Address

Allergies

Other Medical Conditions

Physician

Telephone

MEDICAL TREATMENT AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, team manager, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge and otherwise indemnify Ridgewood Soccer Association, Maroons Soccer Club, Ashleys Soccer, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in the KinderKicker's Program.*

Signature

Date

(Relation to player: father, mother, guardian)