



Colleyville SC Academy by JATO/Stricker  
Fall 2009

**Information**

Player Name (First, Middle, Last)

Parent/Legal Guardian Name (First, Middle, Last)

Player Soccer Age Group (i.e. U9)      Player Gender (Male/Female)      Player Date of Birth

Current Address

City      State      Zip

Cell Phone      Home/Alternate Phone

Emergency Contact - Full Name and Phone Number

T-Shirt Size (YM, YL, AS, AM, AL, AXL)      Active Email Address

**Special Requests or Conditions**

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**Liability Release and Medical Authorization**

The above named athlete is in good health and has my permission to participate in any and all soccer activities at the JATO/Stricker CSA Soccer program. I grant my permission in case of injury, accident, or illness for my child to receive emergency treatment based on the medical information provided by me. I release Colleyville Soccer Association (CSA), JATO Athletics (JATO), Stricker Soccer (Stricker) and all those associated from any and all liability for personal injury arising out of the above players' participation. I hereby release for myself and my child JATO Athletics/Stricker Soccer/CSA and their affiliates, and all of their coaches, employees, officers, directors, agents, officials, volunteers, sponsors and owners of the facility from and against any liability claims or demands for an injury, illness or death incurred at or arising by virtue of participation in the JATO/Stricker CSA program. I also hereby, for myself and my child assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child while he or she is participating in the JATO/Stricker CSA Program. I understand JATO, Stricker and CSA retain the right to use for promotional purposes any pictures/videos taken.

As parent or guardian, I acknowledge that I have read and fully understand this release and medical authorization.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Medical Information**

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Cell Phone #: (        ) \_\_\_\_\_ Alternate Phone# :(        ) \_\_\_\_\_

Special Medical Requests or Conditions:  
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