

# INVICTUS FC, LLC REGISTRATION FORM

## PLAYER'S MEDICAL INFORMATION

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list player allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the above-named player 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 player to a medical treatment facility should it to be warranted. I recognize the possibility of physical injury associated with soccer and hereby release, discharge, and otherwise indemnify the club, Invictus FC, LLC and the employees and associated personnel of this organization, against any claim by or on behalf of the player named above as a result of that player's participation in Invictus FC, LLC's programs, practices, games, or tournaments.

### PHOTO RELEASE

I on behalf of myself and my child/grandchild/ward irrevocably consent to the unrestricted use by Invictus FC, LLC of my child's name, portrait, picture or voice for advertising, publicity, business, trade or art purposes, in any and all manner and media worldwide. I, on behalf of myself and my child/grandchild/ward, hereby release Invictus FC, LLC and its employees, agents and contractors, from any liability arising out of the use of my name, portrait, picture, or voice, including, but not limited to, liability for violation(s) of the Lanham Act, 15 U.S.C. §1051 *et seq.*, the New York Civil Rights Law §§50 and 51, invasion of privacy laws, right of publicity laws, defamation, or the Copyright Act, 17 U.S.C. §§101 *et seq.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to player:      Father      Mother      Guardian      Grandparent