



Men	_____
Women	_____

Registration Form

*Internationals Soccer Club, Inc.
Internationals Soccer Club & Cleveland Internationals
Player Information and Medical Release Form*

Full Name: _____ **Current College:** _____

Address: _____ **Current Club Affiliation:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Fax Number:** (____) _____ **Email Address:** _____

Birthdate (00/00/0000): ____/____/____ **Social Security Number:** _____ - _____ - _____

Parents/Guardian if Under 18 (Spouse if an Adult):

Mother/Guardian's Full Name: _____

Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

Father/Guardian's Full Name: _____

Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

Contact in Case of Emergency:

Dentist Name: _____ **Phone:** (____) _____

Doctor Name: _____ **Phone:** (____) _____

Other and Relation to Participant: _____ **Phone:** (____) _____

Jersey Size (Select One): YS YM YL AS AM AL AXL

Shorts Size (Select One): YS YM YL AS AM AL AXL

Medical Release Form—Internationals Soccer Club

Regarding the above-named player, I recognize that I/he/she am/is participation in the Internationals Soccer Club, Inc. program/event at my/his/her own risk. I/he/she hereby agree(s) to release, absolve, indemnify and hold harmless any member, sponsor or representative of the Internationals Soccer Club, Inc. from any and all liability from any injury, medical fees, hospital fees, or doctor bills of the aforesaid player, and waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting the above named player to or from any activities. I/he/she certify(ies) that I/he/she am/is in good health and am/is able to participate in all activities. If any medical attention for illness or injury should be required, I give my consent, after all reasonable attempts to contact me (for a minor) or my spouse (if married) have been unsuccessful, for the administration of any treatment deemed necessary by a licensed physician.

The following information is needed by any hospital or practitioner not having access to the player's medical history:

Allergies: Food: _____ **Drugs:** _____ **Bee/Insect:** _____ **Other:** _____

Medications currently taking: _____

Tetanus shot within the last five (5) years? YES NO **Date if known:** _____

Other Pertinent facts to which physician should be alerted? _____

Signature of Participant or Parent/Guardian (If Under 18): _____ **Date:** _____

Payment: Amount: \$ _____ **Cash** **Check #** _____ **Date Received:** _____