A.C. Milan Boston
Super Club
56 Washington St. Newton, MA 02458
Phone/Fax 617-527-0100
acmilanboston@acmilanboston.com

CLUB REGISTRATION MEDICALINFORMATION & LIABILITY WAVER

Club Name *AC Milan Boston* City *Newton* State *MA*

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time.

_____ _____ _____ _____
Player's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

PLAYER'S MEDICAL INFORMATION

Player's Name_____ Birth date _____

Street Address_____ City _____ Zip_____

Father's Name_____ Home Phone _____ Work Phone _____

Mother's Name_____ Home Phone _____ Work Phone _____

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

Name_____ Home Phone _____ Work Phone _____
Name_____ Home Phone _____ Work Phone _____
Email
_____

Allergies _____

Other Medical Conditions_____

Physician_____ Phone _____ Alternate Phone _____
Medical/Hospital Insurance Company _____ Phone _____
Policy Holder's Name_____ Policy Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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 applicant/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 applicant/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 the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, 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 US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ ***Date***_____

Relationship to player: father, mother, guardian) _____

Liability Waver

I/We, the undersigned, as parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in all of AC Milan activities. In signing this consent, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless, Inter SC, MYSA/USYA, facilities/fields used by ACMilan and its successors, departments, officers, employees, servants, and agents, of and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries which I/we may not or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, wither before, during or after his/her participation in all of AC Milan Boston and to INDEMNIFY, reimburse or make good to AC Milan Boston or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the school may incur or pay out by reason of any litigation's arise from said minor's participation in the said activities.

On this _____ day of _____, 20___ before me, the undersigned notary public, personally appeared_____, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

_____ My commission expires on _____