



NEW YORK CITY FIRE DEPARTMENT SOCCER CLUB
FIREFIGHTER SERGIO G. VILLANUEVA SOCCER FOUNDATION

FDNY SOCCER CLINIC ~ April 29th, 2007 ~ Flushing Meadow Park

Each participant must present a completed form at registration. The form must be completed by parent or legal guardian of participant. Any participant who does not have a completed form at the event will not be permitted to participate.

Participants Name: _____

Date of Birth: _____ Age: _____ Sex: **M** **F** (Circle one)

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION IF PARENT/ GUARDIAN NOT REACHABLE:

Emergency Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

MEDICAL HISTORY

Allergies: _____

Current Medications: _____

RELEASE

I _____, the parent/guardian of _____ give permission for my child to receive emergency medical treatment. In addition, I waive and release the FDNY Soccer Club and its officers, directors, coordinators, volunteers, coaches and staff as well as the NYC Parks Department from all liability for any injuries and illnesses incurred during the April 29, 2007 FDNY Soccer Club Youth Soccer Clinic.