



Providence Athletic Club Consent and Release 2011-2012

Information

Sport(s): _____
Player's Name: _____
Address: _____
City/State/Zip Code: _____
Birthdate: _____ Sex: _____
Parent/Guardian: _____
Home Phone: _____ Mobile Phone: _____
Alternate Phone: _____
Email: _____
Alternate Email: _____
Emergency Contact Name: _____ Phone: _____
Alternate Phone: _____
Primary Medical Insurance Company: _____
Primary Number: _____
Known allergies or other pertinent medical information: _____

Uniform Information

Practice T-shirt size: YS, YM, YL, YXL, AS, AM, AL, AXL
Jersey size: YS, YM, YL, YXL, AS, AM, AL, AXL
Shorts or Pants size: YS, YM, YL, YXL, AS, AM, AL, AXL

Number: Choice #1 _____ Choice #2 _____ Choice #3 _____

Consent and Releases

By signing below, I agree to the following:

- I hereby give my permission for the above named Player to participate in the above named Sport(s).
- The above named Player is not currently under medical care for any condition that would limit his/her ability to safely and fully participate in the above named Sport(s).



- The above named Player does not present any medical or emotional condition that could potentially cause harm to themselves, their teammates, staff or opposing teams (i.e., communicable diseases, emotional instability, etc.)
- The above named Player has received a physical examination by a physician and has been found physically capable of participating in the above named Sport(s).
- A copy of this physical needs to be turned into PAC to be kept on file.
- I recognize the possibility of physical injury associated with the above name Sport(s) and in consideration for Providence Athletic Club ("PAC") accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify PAC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs.
- Football players must provide proof of insurance due to the nature of the sport and possibility for severe injury.
- Coaches may offer specific training clinics in which they receive compensation outside of PAC from those who choose to participate, this not being a PAC sponsored event.
- I acknowledge that while PAC does background checks on all coaches and all coaches must sign a statement of faith, PAC is not responsible for the conduct of each coach.
- I do / do not (please check one) grant permission to PAC to authorize publication of my child's name and/or photograph on the PAC website, in advertisements and other publications.

Signature of _____
Parent/Guardian: _____ Date _____