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GAME FIT INTERNATIONAL

THE BARBADOS CUP • P.O.BOX 1113 • BRIDGETOWN • BARBADOS W.I. BB11000

PLAYER INFORMATION AND MEDICAL RELEASE

Player's name _____ Date of Birth _____ SSN _____
Address _____ City _____ State _____ Zip Code _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone () _____ Work Phone () _____
Mother's Name _____ Home Phone () _____ Work Phone () _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone () _____ Work Phone () _____
Name _____ Home Phone () _____ Work Phone () _____

Allergies

Other medical conditions:

Player's Physician _____ Home Phone () _____ Work Phone () _____
Medical and/or Hospital Insurance Company _____ Phone () _____
Policy Holder _____ Policy# _____ Group# _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognising the possibility of physical injury associated with soccer and in consideration for the Barbados Cup and its affiliate accepting the registrant for its soccer programs and activities (the "programs") I HERBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY the Barbados Cup, its affiliated organisations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilised for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the game, which transportation I hereby authorise.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and /or treatment.

Signature of Parent/Guardian

Date

Notary Public/Justice of Peace