



Bluff City Athletic Club, NFP

P.O Box 782

Alton, IL 62002

Player Information

Medical Release

August 2010

www.bluffcityathletics.com

Player Name _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____

Date of Birth _____
MM/DD/YYYY

School _____

Notes _____

Medical Release

I give my consent and approval for the participation of my child in *Bluff City Athletic Club* training and activities. I certify that my child is physically fit to take part in all activities. I release *Bluff City Athletic Club* authorities, officers, and staff from all responsibility in case of accident or injury.

Parent / Legal Guardian PRINT _____

Signature / Date SIGN _____

Emergency Contact Number _____

Please indicate below if you are interested in being a coach or assistant coach.
Coach Y / N Assistant Coach Y / N Sport(s) _____