

**2008 Shenandoah Valley Adult Soccer League ASSUMPTION OF RISK AND MEDICAL INFORMATION**

I recognize that there are certain inherent risks involved in my participation in the soccer league, including, but not limited to, the following:

- slips, falls and other gravity-related mishaps
- injuries due to a collision with another player, the ball or other equipment

*I authorize the staff of SVASL to use their best judgment in any emergency situation. I also certify that I am physically able to participate in the league.*

PLAYER'S NAME

DATE OF BIRTH (must be at least 15 years old)

PHONE NUMBER

INSURANCE COMPANY

POLICY NUMBER

SIGNATURE

PARENT SIGNATURE (if under 18 years old)

DATE

ANY MEDICAL CONDITION(S) THE LEAGUE SHOULD KNOW ABOUT

**In case of emergency, call:** NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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