



Referee Ref # _____

Referee Information and Medical Release Form social security number _____

Referee Information: _____ Check if new to club _____ Check if address/phone has changed

Date of Birth _____ Male _____ Female _____

Last Name _____ First Name _____

Address _____ Phone(____) _____

City _____ State _____ Zip _____

School _____ Grade _____

Soccer Experience in Years _____

Referee Experience in Years _____ Organization Refereed _____

License _____

Best way to contact referee: Phone _____ Email _____

Father's Name _____ Mother's Name _____

Home (____) _____ Home (____) _____

Work (____) _____ Work (____) _____

Cell (____) _____ Cell (____) _____

E-mail: _____ E-mail _____

Health Information:

Person to notify in case of emergency when parents cannot be reached:

Name _____ Relationship _____ Phone (____) _____

Doctor to notify in case of emergency _____ Phone(____) _____

Hospital preference, if any _____ Date of last tetanus injection _____

Orthodontist/Dentist _____ Phone(____) _____

Please list any special problems or allergies: _____

Consent For Medical Treatment (Minor)

As the parent or legal guardian of the above-named applicant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Name _____ (parent/guardian – please print)

Insurance Company _____ Policy # _____

The undersigned parent/guardian of the above-named minor hereby authorizes the officer, leader or coach/s of the Overland Park Soccer Club to transport as required the above mentioned minor to and from Club sponsored activities including, but not limited to, athletic and social events.

Signature _____ Date _____