

Futsal League Emergency Medical Release And Waiver



PARTICIPANT'S NAME _____ PHONE _____

DOB _____ ADDRESS _____

CITY _____ ZIP _____

E-MAIL _____

FATHER'S NAME _____ HOME PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ HOME PHONE _____ CELL PHONE _____

SPECIAL MEDICAL CONCERNS (allergies, etc.): _____

PHYSICIAN _____ BUSINESS PHONE _____

INSURANCE CO. _____ POLICY # _____ POLICY HOLDER _____

IN AN EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

EMERGENCY CONTACT AND PHONE # _____

EMERGENCY CONTACT AND PHONE # _____

Waiver of Liability and Medical Release

I acknowledge that my son and/or daughter will participate voluntarily in the Futsal League. I further acknowledge that participation in athletic programs and recreational activities, such as this Futsal league, involves the inherent risk of severe physical injury, including possibly death. Therefore, on behalf of my son and/or daughter, his /her heirs and next of kin, I hereby release, hold harmless and forever discharge all coaches, directors, officers, managers, employees and associated personnel, including the owners and leasers of the premises used to conduct the Futsal league, from any and all liability, injury or loss arising out of or occurring upon participation in this Futsal league. I certify that my son and/or daughter is physically able to participate in this Futsal league and in case of an emergency, I grant permission for a licensed athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide my son and/or daughter with medical assistance and/or medical treatment and agree to be financially responsible for the cost of such assistance and/or treatment.

Parent/Guardian

Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's

Signature _____ Date _____

(Participant's Signature is required if participant is 18 years of age or older)