



PARENT/GUARDIAN AGREEMENT TO PARTICIPATE, WAIVER, AND MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Information

Guardian Name: _____ Phone: _____ Work Phone: _____

Guardian Name: _____ Phone: _____ Work Phone: _____

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

Name: _____ Phone: _____ Work Phone: _____

Name: _____ Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

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In order for my child to participate in any activities organized by the Magic Soccer Club, I agree that neither my minor child nor I will make a claim against, sue, or seek prosecution against Magic Soccer Club, and their agents, sponsors, building contractors, suppliers, employees, associated personnel, and volunteers for damages, death, personal injury, or property damage which my minor child may sustain as a result of his or her participation in these activities. This release is intended to discharge in advance Magic Soccer Club and their agents, sponsors, building contractors, suppliers, employees, associated personnel, and volunteers from and against any and all liability.

I further understand that sport involves physical contact and exertion and there is potential for injury, bodily harm, and death and property damage. Having been made aware of the above stated risks, I assume those risks and agree to allow my minor to participate in the activities organized and sponsored by the Magic Soccer Club.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the sport of soccer. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____