

**Eugene Metro Fútbol Club
Medical Release / Release of Liability Form**

RELEASE OF LIABILITY:

I, _____, the parent or guardian of _____, agree that this minor player is allowed to participate in Eugene Metro FC (EMFC) soccer programs and activities. The minor player and I agree to release, waive, discharge, and indemnify EMFC from any and all liabilities, claims, demands, or causes of action that may arise from participation in EMFC programs or transportation to EMFC programs.

MEDICAL TREATMENT CONSENT:

As the parent or guardian of this minor player, I certify that the player is in good physical condition and that I have no knowledge of any physical condition, injury, or illness that would place this child at risk to participate in EMFC programs and activities. I give consent for emergency medical care prescribed by a licensed Medical Doctor or Dentist.

Player's Full Name _____

Date of Birth ____/____/____
Month day year

Known allergies, including medicines _____

Other medical problems to note _____

Physician _____ phone _____

Medical Insurance Provider _____ Policy No. _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____ Cell _____

Parent email _____

Emergency Contact _____ Phone number _____

I hereby affirm that I am the parent or Guardian of _____.

Signature of Parent/Guardian _____