

Eugene Metro Futbol 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 as prescribed by a licensed Medical Doctor or Dentist.

Player's Full Name (as it appears on birth document): _____

Date of Birth: ____/____/____ Date of last Tetanus booster: ____/____/____

Known allergies, including medicines: _____

Other medical problems to note: _____

Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Parent email: _____

Emergency contact: _____ Phone: _____

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

Signature of Parent/Guardian: _____ (signed before a Notary)

NOTARIZATION

State of _____ County of _____

Sworn to and subscribed before me on the _____ day of _____, 20__.

Notary Public in and for the State of _____

My Commission Expires: _____