

# FUTSAL EAST INDIVIDUAL LIABILITY RELEASE

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F  
Futsal East Team Name: \_\_\_\_\_ Session: 1 2 Both  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Father: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Mother: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT** – I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of Futsal East, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Futsal East accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify Futsal East and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT** – As the parent/legal guardian of a participant in Futsal East programs, 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.

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_