



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

EMERGENCY INFORMATION

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

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

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical and/or Hospital Insurance Company: _____

Phone: _____ Policy Holder: _____

Policy #: _____ Group #: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for the Garden City Centennials Soccer Club (the "Centennials") providing my son/daughter with the opportunity to participate in the High School Summer Training Program (the "Program") I consent to my son/daughter participating in the Program. Further, I hereby release, discharge, and otherwise indemnify the Centennials, it's directors, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Program. I further acknowledge the Centennials are providing the program for the benefit of my son/daughter and will not retain any of the fees collected.

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 and any of the exercises provided during the Program. 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 Program. 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.

Signature of Parent/Guardian

Date

