|  |  |
| --- | --- |
|  | West Palm Beach FC |
| Parent/Guardian Consent and Player Medical Release |  |
|  |  |

# Player Information

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | First | Last | M.I. |
| Birth Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

## Emergency Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents**: |  |  |  |
|  | Mother’s Name | Cell Phone | Home Phone |

|  |  |  |
| --- | --- | --- |
| : |  |  |
|  | Father’s Name Cell Phone | Home Phone |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Information:** |  |  |  |
|  | Medications now being taken |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Current Medical Conditions of Player / Allergies |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Player’s Physician | Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Health Insurance Company: |  |  Phone: |  |

|  |  |
| --- | --- |
| Policy Information: |  |

  *Policy Holder Policy # Group#*

## Parent/Guardian Consent and Medical Release

Recognizing the possibility of injury or illness, and in consideration for West Palm Beach Football Club (“FC”) accepting my son/daughter as a player in the soccer programs and activities of West Palm Beach FC and its members, directors, coaches, and volunteers, I consent to my son/daughter participating in the programs and activities. Further, I hereby release, discharge, and otherwise indemnify West Palm Beach FC, their directors, coaches, and volunteers, including the owner of fields and facilities utilized for the programs and activities, against any claim by or on behalf of my player son/daughter as a result of my son’s/daughter’s participation in the programs and activities. I acknowledge our personal insurance is the primary insurance coverage in case of injury or medical expenses incurred as a result of injury during Club training, games, and other activities.

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 program and activities. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**