

BOYS / GIRLS COMPETITIVE TRAINING CLINICS



Players Name: _____ D.O.B: _____

Parents Name: _____

Phone Number: _____

Home Address: _____

Email Address: _____

I realize that soccer involves strenuous physical contact. I also am aware that physical injuries can occur from participating in the sport. My child is physically able to participate in such activity. As the parent / legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians of nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee as to the result of examination or treatment. I / we assume all risk and hazards of the sport. Further the Gulf Coast United Soccer Club reserves the right to expel a coach, parent, and / or child for inappropriate behavior. I / hereby waive, release, absolve, indemnify and agree to hold harmless the Gulf Coast Soccer Club, organizers, sponsors, participants, and coaches.

Parent or Guardian

Date

Emergency Contact Name: _____ Phone Number: _____