

**FREDERICK SOCCER CLUB
MEDICAL RELEASE AND LIABILITY WAIVER**

_____ has my permission to participate in Frederick Soccer Club sponsored practices, events, leagues, tournaments and games. I realize that by participating in these activities he/she may become injured. I certify that he/she is physically able to participate in the soccer program.

I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment should any medical emergency arise. I request and authorize physicians, dentists or other such licensed technicians or nurses to perform any and all treatment procedures deemed necessary for the safety and well being of the above named player.

In consideration of being permitted to participate in Frederick Soccer Club activities I do hereby for myself and as a parent/guardian of the above named player waive and forever discharge the Frederick Soccer Club of all claims, demands, losses, damage actions, suits of law arising out of soccer activities including without limitation any personal injuries or losses.

Father's name _____ Phone _____

Mother's name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Insurance Carrier _____

Known Allergies or Conditions _____

Parent/Legal Guardian Signature Date _____

Print Parent /Legal Guardian Name