

FIFTY FOOTBALL CLUB

PO Box 243, Burnt Hills, NY 12027

PLAYER NAME: _____

TEAM (Age Group): _____ Season: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical treatment prescribed by a duly licensed health care professional. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. In the event of an accident, injury, or sickness where I cannot be reached the following people are designated to act on my behalf:

1.) Fifty FC Coach or Representative.

2.) Player's Physician: _____

Physician Address: _____ Phone # _____

List any known allergies or special conditions: _____

FIFTY FC RELEASE FORM

Recognizing the possibility of physical injury associated with soccer, and in consideration to Fifty FC, accepting the registrant for its' soccer programs and activities (the program) I hereby release, discharge, and otherwise indemnify Fifty FC, its' affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used for the program, 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.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN (PRINT NAME): _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE1: _____ HOME PHONE 2: _____

FATHER WORK PHONE: _____ CELL PHONE: _____

MOTHER WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____