

Lake Country Soccer Emergency Medical Release & Liability Waiver

Player's Name: Click here to enter text.			
Birthdate: Click here to enter text.			
Address: Click here to enter text.			
City/State/Zip: Click here to enter text			
Father's Name: Click here to enter text.			
Phone Home Click here to enter text.			
Phone Work: Click here to enter text.			
Mother's Name: Click here to enter text.			
Phone Home Click here to enter text.			
Phone Work: Click here to enter text.			
In case of emergency when parent/guardian cannot be reached, please conta		wing:	
Name: Click here to enter text.			
Phone Home: Click here to enter text.			
Phone Work: Click here to enter text			
This authorization for emergency medical treatment must be completed befo participation. Treatment for injury will be based on information provided here		r begin	ıs
participation. Treatment for injury will be based on information provided here	ziii.		
Ithe undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed in acknowledge and fully understand that each applicant/participant will be engaging in activities that involve in permanent disability or death, and severe social and economic losses which might result not only from their or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to Country Soccer, Springfield Greene County Parks &Recreation, its referees, its affiliated organizations and spote employees and associated personnel, officers, directors, agents, including the owners and leasers of premises which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her hagainst any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs of from the same, which participation, after careful consideration I hereby authorize, and which transportation I applicant/participant has received a physical examination by a physician and has been found physically capable. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associate applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the rewaiver/release and understand that (I) we have given up substantial rights by signing this release and sign be	isk of serious in the manufactions, in the manufactions, in the manufactions of any equipment of the manufactions of the manuf	njury, incl actions or ent used a rsonal res d not to su eaches, me ect the eve f kin for an eransporte rize. The atting in th o provide assistance erm all liab se of any eread the a	luding r and further, sponsibility ue Lake anagers, ent, all of ny and all ed to or the e and/or bility, loss, defect in or
Signature of Parent or Guardian:	Date	,	/

