



## Eugene Metro Futbol Club Medical Release / Release of Liability Form

Player's Full Name (as it appears on birth document): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus booster: \_\_\_/\_\_\_/\_\_\_

Known allergies, including medicines: \_\_\_\_\_

Other medical problems to note: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby consent to Eugene Metro Futbol Club registering me with Oregon Youth Soccer and / or US Club Soccer programs and activities.

I recognize the possibility of physical injury associated with soccer, and hereby release, idemnify the Club, Oregon Youth Soccer, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel f these organizations, against any claim by or on behalf of the soccer player named above as a result of the player's participation in Oregon Youth Soccer and/or US Club soccer programs.

### MEDICAL TREATMENT CONSENT:

As the parent or guardian of this minor player, I certify that the player is in good physical condition and that I have no knowledge of any physical condition, injury, or illness that would place this child at risk to participate in EMFC programs and activities. I give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personal provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted.

I hereby affirm that I am the parent or Guardian of \_\_\_\_\_.

Signature of Parent/Guardian: \_\_\_\_\_