



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: _____