



Florida Celtic Soccer Club

PLAYER EMERGENCY MEDICAL RELEASE FORM

Parent /Guardian Signature:

I, the parent/guardian of the registrant, agree that we will abide by the rules of GYSA, FYSA, and its affiliated programs. My/our child wishes to participate in soccer during the season of registration. I/we realize the risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries, and the result can be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Name of insurance company: _____

Policy Number: _____

Family Physician: _____

Phone: _____

Allergies: _____

I hereby authorize any licensed hospital or licensed medical physician to perform any preliminary examination or render any emergency treatment which may be necessary in the event that my son/daughter shall be injured while participating in the Florida Celtic Soccer Program, without contacting me first.

I, as the parent or legal guardian of (player) _____, hereby give consent to his/her participation in the Florida Celtic Soccer Club. I hereby assume all risks and hazards incidental to such participation including transportation to and from all related activities and do hereby further waive, release, absolve, and agree to hold harmless Florida Celtic Soccer Club organizers, sponsors, supervisors, participants and persons transporting my son/daughter.