

First Touch Soccer

2008 Clinics

WWW.FirstTouchSoccer.org

MEDICAL/LIABILITY WAIVER

As a parent/legal guardian of the named minor, I certify that the information on this form is correct. I certify that my child is medically qualified to attend First Touch Soccer clinics and grant permission for this minor to participate in all activities of this sports program.

I hereby give permission for my child/children to be medically treated for any injuries or illness during the clinic and for a physician and/or hospital emergency room to administer necessary care. I also hereby authorize the staff of First Touch Soccer to act for me according to their best judgment in any emergency requiring medical attention.

I assume all risk and hazards incidental to such participation and do hereby release and waive all claims against First Touch Soccer, coaches, directors and other participants.

Player's Name: _____

Name of Insurance Co.: _____

Insurance Policy Number: _____

Insurance Policy Holder: _____

Parents/Legal Guardian Signature: _____

Date: _____

Emergency Phone Number: _____

Physician's Name:

Address:

City, State, Zip:

Telephone Number:

Special Medical Instructions:

I

Please send this release and \$50 non-refundable deposit to:

First Touch Soccer
C/o Mitch Dubensky
4411 Chesapeake St NW
Washington DC 20016
