

# CLSA LLC

## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

### PLAYER MEDICAL INFORMATION

Allergies:

\_\_\_\_\_

Other Medical Conditions:

\_\_\_\_\_

Medication carried by player: \_\_\_\_\_

Self-administered?      Yes      No

Player's physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

(PLEASE TURN OVER)

Is there anything CLSA LLC coaches and personnel should know about your child in order to best support them during their time on premises?

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#### PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for CLSA LLC and members of CLSA LLC accepting my child as a player in the soccer programs and activities of CLSA LLC and its members (the "Programs"), I consent to my child participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify CLSA LLC, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of the fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the CLSA LLC programs. I give my consent to have an athletic coach and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

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Print Name of Parent/Guardian

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Signature of Parent/Guardian

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Date