



FC Dynamo ROC
P.O. Box 1296
Webster, NY 14580

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been diagnosed, by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? Yes / No

If yes, what and when? _____

Allergies: _____

Date of Last Tetanus Booster: _____

Player's Physician: _____ Physician Phone #: _____

Insurance of Person Responsible for charges:

Medical Insurance Company: _____

Policy Holder: _____ Policy # (include last 2 digits): _____

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

My player son/daughter 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 Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

I have read the Medical Release and Liability Waiver and fully understand and accept responsibility as it is outlined.

Signature of Parent/Guardian: _____ Date: _____