

Bay City Soccer Club DBA Bay City Futsal Club's Release of Liability & Consent for Medical Treatment

Child Information

Child's Full Name *

Age *

Birthdate *

Gender *

Male Female

Check the Programs your Child is Registered For: *

- | | |
|--|--|
| <input type="checkbox"/> Bay City FutsalTeam u9 or younger | <input type="checkbox"/> Bay City Futsal Team u10-11 |
| <input type="checkbox"/> Bay City FutsalTeam u12-13 | <input type="checkbox"/> Bay City FutsalTeam u14-15 |
| <input type="checkbox"/> Bay City Futsal Team u16-18 | <input type="checkbox"/> Bay City Practice/Tryout |

Parent #1

Name *

Daytime Contact Number *

Additional Parent/Guardian (Optional)

Name *

Daytime Contact Number *

Emergency Contact

Name *

Daytime Contact Number *

Medical Information

Medical Problems * If none, enter "N/A"

Medication Taken During BCSC Hours * If none, enter "N/A." Please be sure to enter the medication name, amount to be taken, and dosage frequency.

Physician Name *

 Physician Phone Number *

Insurance Number

 * if none, enter "N/A"

I, the undersigned, do voluntarily agree to release and hold Bay City Soccer Club and their officers and employees, contractors, volunteers, representatives, and agents, harmless from any claim, demand, or cause of action for injury to the above-named participant(s) or damage to his/her personal property which arises out of or is in any way connected with Bay City Soccer Club's programs and any travel in connection with such programs. Bay City Soccer Club will not be responsible in case of accident, illness, or property damage.

I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. This Release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Parent Signature

Date