



# Futsal – waiver

## Permission Form

Participants Name: \_\_\_\_\_

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

Primary Contact Name and Number \_\_\_\_\_

Secondary Contact Name and Number \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ If available – Not Mandatory\_

Policy Number: \_\_\_\_\_ If available – Not Mandatory\_

## Participants Medical History:

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I hereby register my child for the Scappoose Soccer Club Futsal and authorize the staff to direct his/her participation in all activities. My child has no medical or emotional problems that may affect his/her ability to participate safely in this program. The staff is authorized to attend to any health problem or injury my child may incur while participating in the Scappoose Soccer Club Futsal, including emergency treatment. I understand that my child must have current medical insurance before participating in this activity. Neither I nor my child will hold Scappoose Soccer Club, any member of its staff and/or Scappoose School District liable for any injuries or expenses relating to injuries incurred while my child is participating in this program. I have read this contract and agree to all of its terms and conditions.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information: Club President: Scott Stanton: (503)780-5906  
Club Vice President: Rocky: (503) 519-3667