



Medical Release & Liability Waiver

Team Name: _____ Gender: _____ Age Group: _____

Player Name: _____ Date Of Birth (M/D/Y): _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____

Known allergies (please include medicine) and any other medical condition/problems that should be noted:

Parent/Guardian: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Emergency Contact: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Recognizing the possibility of injury or illness, and in consideration for Safira Futsal Academy and members of Safira Futsal Academy accepting my son/daughter as a player in the futsal programs and activities of Safira Futsal Academy and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Safira Futsal Academy, 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 futsal. 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.

Signature of Parent/Guardian

Date