

Medical Consent / Hold Harmless

Every player within your organization **MUST** have a parent or guardian sign off on this statement.

If you have any questions, please contact info@monroepremierfc.org



Consent for Emergency Medical Treatment

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Parent or Guardian:

Name:

Phone:

Office:

Mobile:

Email:

Emergency Secondary Contact: *(other than parent)*

Name:

Phone:

Office:

Mobile:

Email:

Relationship:

Does your child have any allergies or require special medication:

Yes:

No:

Explanation:

Signature *(Parent/Guardian)*

Date

Hold Harmless Statement

WE HEREBY AGREE THAT Monroe Premier F.C. / Monroe Soccer Association ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS IN WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO IDEMNIFY AND TO HOLD HARMLESS SAY, IT'S MEMBERS, COACHES AND OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

Signature *(Parent/Guardian)*

Date