



MAYA F.C.

PARENT / GUARDIAN CONSENT & PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Id# _____

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

EMERGENCY INFORMATION

Parent / Guardian Name: _____ Cell Phone: _____ Home Phone: _____

Parent / Guardian Name: _____ Cell Phone: _____ Home Phone: _____

In an emergency, when Parent/Guardian cannot be reached, please contact:

Name: _____ Cell Phone: _____ Home Phone: _____

Name: _____ Cell Phone: _____ Home Phone: _____

(If necessary please use additional sheet and attach to form)

Have you ever been rendered unconscious or suffered a concussion? YES / NO How many times? _____ When? _____

Have you ever suffered a back injury? YES / NO If yes when? _____

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: (MEDICINE /FOOD) : _____

Player's Physician Name: _____ Office Phone: _____ Other Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy # _____ Group # _____

PARENT GUARDIAN CONSENT AND MEDICAL RELEASE

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

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Maya F.C. Winter Tournament. I have provided a written notice which was 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 may impact my child's participation in the Winter Tournament. I give my consent to have an athlete trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agreed to be responsible financially for the responsible cause of each assistance and/or treatment.

I have the option to have this consent form translated, I understand that by signing I am confirming to fully understand the terms stated above.

Signature of Parent / Guardian

Date