



LAFAYETTE SOCCER CLUB
JUNIOR BRONCHOS

MEDICAL RELEASE & LIABILITY WAIVER

Player Name _____ Birth Date _____ Sex _____

Address _____ Player's Email _____

City _____ State _____ Zip _____ Parent's Email _____

Mother's Name _____ Phone Home _____ Cell _____ Work _____

Father's Name _____ Phone Home _____ Cell _____ Work _____

Emergency Number Other than Parents'

Name _____ Phone _____

Relationship _____

Known Allergies _____

Date of Last Tetanus Treatment _____

Name of Player's Physician _____ Physician Phone _____

Other Pertinent Information:

I, the undersigned parent or legal guardian of the player named above give my consent for a club representative to use their own judgment in securing medical aid and ambulance service in case the parents/guardians cannot be reached.

I understand that this form will accompany my son/daughter to out-of-town games. I also understand that this form must be completed in full before my son/daughter will be eligible to participate in anyway, i.e. practice, games.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name PRINTED _____