



SOLAR SOCCER CLUB: SOCCER EXCELLENCE THROUGH DEVELOPMENT

107 Suncreek Dr. Suite 300, Allen, TX 75013 Office: (972) 649-4215 www.solarsoccerclub.com

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM Player's Name:

Players Name: _____ Date of Birth: _____ Gender: _____

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

EMERGENCY INFO:

Parent/Guardian #1 Name: _____ Cell Phone: _____

Parent/Guardian #2 Name: _____ Cell Phone: _____

In an emergency, when parents/guardians cannot be reached, please contact:

Name: _____ Cell Phone: _____

Name _____ Cell Phone: _____

Allergies: _____

Other Medical Conditions: _____

If my child is injured or becomes ill playing soccer, while traveling to or from, or attending or participating in any event, or in connection with the sport or any team/club activity, I hereby authorize the coach, the manager or any other representative of his/her team or the Solar Soccer Club to consent to and/or obtain such medical attention as my child may need including without limitation surgery on the basis of a medical recommendation and/or an emergency. 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 cost of any such assistance and/or treatment.

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE:

Recognizing the possibility of injury or illness, and in consideration for Solar Soccer Club accepting my son/daughter as a player in the soccer programs and activities of Solar Soccer Club and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Solar Soccer Club, 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 sons/daughters 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. I confirm that my son/daughter is physically capable of participating in the sport of soccer. 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.

Parent/Legal Guardian (Printed Name): _____

Parent/Legal Guardian Signature: _____ **Date:** _____