



SILVERBACKS SOCCER CLUB

MEDICAL CONSENT - WAIVER OF LIABILITY

NAME (Player): _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN: _____ RELATION: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT (Other than Parent/Guardian):

NAME: _____ RELATION: _____ PHONE: _____

KNOWN ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION:

We/I, _____, of the county of _____, state of Georgia, the parents/legal guardians of _____ a minor child (the player) who resides with us, do hereby declare our intent to allow that child to practice, play and participate in all soccer related activities with the Silverbacks Soccer Club (SSC) affiliated with the Georgia Youth Soccer Association (GYSA).

We/I agree that we and the Player will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the Player for its soccer programs and activities (the Programs), we hereby release, discharge and/or otherwise indemnify the SSC, GYSA, USYSA, affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the player as a result of the Player's participation in the Program and/or being transported to or from the same, which transportation we hereby authorize.

We/I further, jointly and severally, as parents and legal guardians of the minor child, release, discharge and agree to hold harmless and indemnify the above named individuals or anyone of the designated coaches of the Team from any liability, claims or demands arising from the Player participating in the soccer programs with the Team specifically to include any and all claims for personal injuries sustained while present or participated in said soccer program.

In addition, we do hereby authorize _____ (coach) or _____ (team manager), or any one of the designated coaches of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Player under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Player by any dentist duly licensed to practice.

We/I, _____, being the parent/legal guardian of _____, a minor child, wishing to participate in the Silverbacks Soccer Club, Georgia Youth Soccer Association, and United States Youth Soccer Association programs have read and fully understand and agree to this WAIVER OF LIABILITY. _____ (initials)

MEDICAL and/or HOSPITAL INSURANCE INFORMATION

Company Name: _____

Policy Numbers: _____

Family Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician Phone Number: _____

Parent/Guardian Signature

Sworn to and subscribed before me on this the

_____ Day of: _____, _____

Notary Public

My commission expires on: _____