

FUTSAL CLUB

PLAYER INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____
Date of Birth: ____ / ____ / ____ Male: Female:
MONTH DAY YEAR
Mobile: _____ Email: (legible) _____
Soccer Club: _____ Coach: _____

EMERGENCY INFORMATION

Emergency Contact 1: _____ Mobile: _____
Emergency Contact 2: _____ Mobile: _____
Known allergies and/or any other important medical conditions: YES NO
If YES, please provide more information: _____

WAIVER OF LIABILITY, MEDICAL RELEASE FORM AND DISCLAIMER

I give my consent and agree to release, indemnify and hold harmless **West Coast Sports Group, LLC., (DBA: FUTSAL CLUB)**, its owners, directors, all staff & personal, including officials, representatives, the facility/building owners from any claim arising from any injury. Furthermore, I give my consent for emergency medical treatment for my son and/or daughter and assume the financial responsibility of such treatment. I also agree that FUTSAL CLUB may use my photograph in future promotions.

First Name: _____ Last Name: _____
Relationship to the Player: Mother Father Legal Guardian
Parent or Guardian's Signature: _____ Date: _____
Player Signature: _____ Date: _____