



Celtic FC Florida

PLAYER EMERGENCY MEDICAL RELEASE FORM

I, as the parent or legal guardian of (player) _____, hereby give consent to his/her participation in the Gulf Coast United Soccer Club. I hereby assume all risks and hazards incidental to such participation including transportation to and from all related activities and do hereby further waive, release, absolve, and agree to hold harmless Gulf Coast United organizers, sponsors, supervisors, participants and persons transporting my son/daughter.

I hereby authorize any licensed hospital or licensed medical physician to perform any preliminary examination or render any emergency treatment which may be necessary in the event that my son/daughter shall be injured while participating in the Gulf Coast United Soccer Program, without contacting me first.

Allergies: _____

Family Physician: _____ Phone: _____

I have medical coverage for my child.

Name of insurance company: _____ Policy Number: _____

I, the parent/guardian of the registrant, agree that we will abide by the rules of GYSA, FYSA, and its affiliated programs. My/our child wishes to participate in soccer during the season of registration. I/we realize the risks are involved in my/our child's participation. I/ we understand that the risk to my/our child includes full range of injuries, and the result can be death paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent /Guardian Signature: _____