

Parental Consent / Medical Form

In order to enable health facilities in the area to provide prompt care to your minor son or daughter, we urge you to read and complete this consent form. This will enable us to help your child without delay in the event of an emergency.

Name of Session Participant: _____

Birth date: _____ SESSION LOCATION _____

Guardian's Name/Relationship: _____

If Yes, Please describe: No ___ Yes ___ Allergic Reaction _____

_____ (drugs, food, asthma, etc.)

No ___ Yes ___ Taking any medication at this time _____

Date of last tetanus toxoid: _____

Emergency Contacts:

Name of parent or guardian: _____

Home Tel: _____ Work Tel: _____

Name of parent or guardian: _____

Home Tel: _____ Work Tel: _____

Other Emergency No. (List person / # to contact): _____

MEDICAL INSURANCE INFORMATION.

Your Insurance Company: _____

Policy #: _____ Name of Policy Holder: _____

Any instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the participant. I hereby give permission for the staff of the session, during the period of the session, to seek appropriate medical attention for the participant, and for medical attention to be given, and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs.

I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and session activities.

I/We, represent that I/We have sought the opinion of our child's family physician,

Name of participant's Physician _____

and he/she concurs that the above-named participant is fully capable of safely engaging in these activities.

I/We also understand that it is my/our responsibility in caring for the participant listed above, to be assured that he is fully capable of engaging in this sport's activity, and I/We are confident that he is able to engage in such sport.

Signature of Parent or Guardian: _____ Date: _____

Please fill out this form and send it right away. This form is mandatory to participate.

Send to: Footability Live! 17011 Lincoln Ave. #150 Parker, Co. 80134