**Magic Soccer F.C**

**PLAYER INFORMATION AND MEDICAL RELEASE**

**Petit Kicks Soccer, Inc. Program**

Player name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_

***Parents/Guardians:***

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Email

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_Email

Emergency contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

Cell # (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Insurance information:**

Allergies/Medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Approval for treatment and Medical Release:***

In consideration of participating in the Petit Kicks Soccer Inc. enrichment program, I, the minor’s parent, or legal guardian, acknowledge and understand the nature of this activity. My child is in good health and good physical condition, which qualifies him/her to participate in the Magic Soccer Foot Skills Program. I am fully aware that this activity involves risks of physical injury or death which may be caused by my own kid's actions, or inactions, those of others participating in the program, the condition in which the event takes place; I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my child's participation in this activity. I further agree and warrant that if at any time. I believe conditions and the environment is unsafe, I will immediately contact Petit Kicks Soccer Inc. and discontinue further participation in the activity. I hereby expressly, unconditionally and irrevocably waive, release and discharge any claim or cause of action arising out of such injuries, losses or damages and covenant to defend, hold harmless and not sue Petit Kicks Soccer Inc., its respective administrators, employees, coaches, other participants, sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses and/or damages. I understand that for promotional purposes Petit Kicks Soccer, Inc. or its Releasees may videotape and/or take photographs of participants participating in the activities, training or programs. I hereby release and permit Petit Kicks Soccer, Inc. to utilize for said promotional purpose any photographs and/or videotapes of my minor child or whom I am a guardian for that are engaged in the above listed sport activities. I also further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as a result of such a claim. I have read and understood the contents of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, have signed it freely without inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date