

## iFutsal Futsal League

### WAIVER of PARTICIPATION - MEDICAL RELEASE FORM

To be signed by guardian/parent and kept on file with team manager/coach for all league games.

**Player Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**Parent/Guardian 1 Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Parent/Guardian 2 Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Emergency Information:**

Person to Notify In Case of Emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

List Any Medical Problems or Conditions Player Has (include allergies and medications currently taking):

**Family Insurance Carrier Information:**

Insurance Company: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

By signing this form for a child, any parent, guardian or other person consents for himself or for any child participating in the iFutsal League (iFL) to being subject to the Rules and Regulations of iFL as such rules apply to any child's play and a parent's participation as a spectator, coach, or player. The undersigned does further waive the league, league administrators and facilities associated with iFL of sponsored activities resulting in injury. I also hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. To the best of the undersigned knowledge all of the above information is true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_