

CLERMONT CENTRAL SOCCER ASSOCIATION

Batavia Bethel CNE Felicity Goshen Hamersville N. Richmond W. Clermont W. Brown

Child's Name _____ Male Female Date of Birth _____

Parent/Guardian Name(s): _____ Telephone No: _____

Address: _____

County: _____ Grade: _____ School Attending: _____

E-Mail: _____ Last Years Coach: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____ Telephone No. : _____

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Allergies (list all known, reaction, and management of reaction): _____

Activity Restrictions (e.g. what cannot be done, what adaptations or limitations are necessary) _____

Any other problems or concerns that Coach may need to know: _____

TO GRANT MEDICAL CONSENT

In the event reasonable attempts to contact me at _____ (telephone) or other Parent/Guardian _____ at _____ (telephone) have been unsuccessful, I give my consent to:

- 1) The administration of any treatment deemed necessary by:

Dr. _____ (preferred Physician) Telephone No: _____

Dr. _____ (preferred Dentist) Telephone No: _____

- 2) I give my consent for the transfer of the child to _____ (preferred Hospital) or any Hospital reasonably accessible. This authorization does not cover major surgery unless two licensed physicians or dentist concur in the necessity for such surgery prior to its performance. Facts concerning the Child's medical history including allergies, medications being taken, and any physical impairments to which a Physician should be alerted are: _____

PARENT/GUARDIAN/SIGNATURE: _____ Date: _____

I have received the Ohio Department of Health Concussion Information Sheet for Youth Sports.

Signature of Parent/Guardian _____ Date _____

PLAYERS TEAM AGREEMENT

We hereby agree that the Clermont Central Soccer Association, its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of C.C.S.A. and we agree to indemnify and to hold harmless C.C.S.A., its members, coaches, officers, or designates of any kind from any claim whatsoever.

Parent/Guardian Signature _____ Date: _____

Fees Paid: _____