

CLERMONT CENTRAL SOCCER ASSOCIATION

Amelia Batavia Bethel CNE Felicity Goshen New Richmond W. Brown

Child's Name: _____ Male Female. Date of Birth: _____

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

Address: _____ City: _____ State: ____ Zip: _____ County: _____

School Attending: _____ District & last years coach (if applicable) _____ Division _____

E-mail of parent/guardian: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____ Telephone: _____

Contact Name: _____ Relationship: _____ Telephone: _____

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

Activity Restrictions: Yes No Are limitations and adaptations necessary? Yes No _____

Any concerns or issues that the coach may need to know: _____

TO GRANT MEDICAL CONSENT

In the event reasonable attempts to contact me at _____ telephone or other parent/guardian at _____, have been unsuccessful, I give my consent to:

1.) The administration of any treatment deemed necessary by

Dr. _____ (preferred Physician) Telephone Number: _____

Dr. _____ (preferred Dentist) Telephone Number: _____

2.) I give 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 containing the Child's Medical History including allergies, medications being taken, and any physical impairments to which a Physician should be alerted to : _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

REFUSAL TO GRANT CONSENT

(Parents/Guardian MUST be present at ALL activities)

I DO NOT give my consent for Emergency Treatment for my child. In the event of illness or injury, I wish NO action be taken or the following actions to be taken: _____

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

PLAYERS TEAM AGREEMENT

We hereby agree that Clermont Central Soccer Association, it's members, coaches, 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 Clermont Central Soccer Association, it's members, coaches. Officers or designates of any kind from any claim whatsoever.

PLAYER SIGN: _____ DATE: _____ PARENT/GUARDIAN SIGN: _____ DATE: _____

FEES PAID: YES. NO . AMOUNT: _____ BIRTH CERTIFICATE RECEIVED: YES NO