



RAPID FIRE F.C

Medical Information and Liability Release

Player Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Player's Address: _____ City _____ Zip _____

Emergency Contact information

In the event of an emergency of other significant concern, the player's parents or guardians will be contacted. Please provide the name, relationship to the player and contact information.

Parent or Guardian: _____

Relationship to the Player: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number(s): _____

Medical Information

Personal medical insurance is required

Medical Insurance Provider: _____

Physicians Name: _____ Physicians Phone #: _____

Please list any known allergies, medical, orthopaedic, or emotional conditions:

Consent for Medical Treatment/Liability Release:

As the parent or guardian of the players enrolled in the Rapid Fire F.C. program, I acknowledge that participation in soccer involves inherent risks, including but not limited to physical injuries such as sprains, fractures, concussions, or other serious conditions that may result from playing, training, or traveling with the team.

I understand and accept the risks associated with my child's participation and hereby release, waive, and hold harmless Rapid Fire F.C., its coaches, trainers, volunteers, officers, directors, and affiliates from any and all claim, demand, action or liability for injuries, damages, or losses sustained by my child while participating in team activities, whether on or off the field.

If the player requires medical attention, every effort will be made to contact the player's parents, guardians or emergency contacts. In the event of an emergency where I cannot be reached, I authorize the coaches or team representatives with Rapid Fire F.C. to seek medical treatment for my child prior to informing me.

I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Rapid Fire F.C. or the facilities for the quality or cost of medical services provided. The player's parent or guardian is responsible for any property damage caused by the player. Rapid Fire F.C. accepts no responsibility for the loss or damage to a player's property.

I have read and accept the Rapid Fire F.C. Policy:

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____