



LFC Parental Consent Form

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|----------------|------------------------------------|-----------------------------|--|
| Players Name: | <input type="text"/> | Phone : | <input type="text"/> |
| Address: | <input type="text"/> | Postal Code | <input type="text"/> |
| Date of Birth: | <input type="text" value="M/D/Y"/> | | |
| Parent | <input type="text"/> | Parent | <input type="text"/> |
| | | | If Different Than on Left |
| Email: | <input type="text"/> | Email: | <input type="text"/> |
| Address: | <input type="text"/> | Address: | <input type="text"/> |
| Postal Code | <input type="text"/> | Postal Code | <input type="text"/> |
| Cell: | <input type="text"/> | Cell: | <input type="text"/> |
| Phone : | <input type="text"/> | Phone | <input type="text"/> |
| AHC #: | <input type="text"/> | Insurance Plan: | <input type="text"/> |
| Allergies | <input type="text"/> | | |
| Medications: | <input type="text"/> | Tetanus Shot Last 10 Years: | <input type="text" value="Yes"/> <input type="text" value="No"/> |

Significant Medical Conditions That May Affect Play or Attitude:

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Emergency Contacts if Parents Unavailable:

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|--------------|--|---------------|--------------|
| Name: | | Phone: | Cell: |
|--------------|--|---------------|--------------|

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|--------------|--|---------------|--------------|
| Name: | | Phone: | Cell: |
|--------------|--|---------------|--------------|

I the parent or guardian of the above named player understand and assume all risks involved in playing soccer, including the risk of property damage, personal injury and death resulting from any cause whatsoever, including but not limited to collision with the ball, other players, persons, the ground, goal post or other man-made objects, weather and field conditions, traffic hazards while being transported to or from any location.

I have considered these risks and hereby consent to the Player's participation in LFC and agree that LFC shall not be responsible for any such personal injury, death or property loss. I grant LFC the right to request any participant, player, parent or volunteer to withdraw from the program prior to its termination if the person is not acting in a responsible, safe, fair and/or sportsmanlike manner.

I understand that the information collected on this form will be used by the organization to establish my child's eligibility to participate in their soccer program and to contact me when required in respect to soccer related activities. The names, addresses, phone numbers and email addresses on this form may be shared with members of the team that my child is on.

I agree to allow LFC to use the player's image in photo releases they deem appropriate. I further acknowledge that the likeness of the player may be captured and stored by other parents, organizations and media companies without the knowledge or consent of LFC.

Print Parent or Guardian:

Signature Parent/Guardian Date: