



EASTSIDE FC



"Building Champions in Life"

PARTICIPANT INFORMATION

Participant Name _____ Birthdate _____

Street Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone (____) _____ Cell/Biz Phone (____) _____

Name _____ Home Phone (____) _____ Cell/Biz Phone (____) _____

Name _____ Home Phone (____) _____ Cell/Biz Phone (____) _____

PARTICIPANT MEDICAL INFORMATION

Known Allergies _____

Other Medical Conditions To Be Aware Of _____

Prescription Medications Taken _____

Physician _____ Office Phone (____) _____ Cell Phone (____) _____

Insurance Carrier _____ Phone (____) _____ Policy Number _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & LIABILITY WAIVER

I, the undersigned participant or parent/guardian of the above named minor participant (if participant is under the age of 18), acknowledge and fully understand that the participant will be engaging in programs of Eastside Football Club that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but also from actions, inaction, or negligence on the part of others, the rules of play, or the condition of the premises, and/or of any equipment used in the program. I assume all the foregoing risk and accept personal responsibility for any damages following such injury, permanent disability, or death. I hereby release, discharge, and covenant to indemnify and not to sue Eastside Football Club, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the participant as a result of his/her participation in the programs of Eastside Football Club and Washington Youth Soccer.

I hereby give my consent to have an emergency services provider, athletic trainer, coach, and/or doctor of medicine or dentistry or associated medical personnel to provide the participant with medical assistance and/or treatment and agree to save and hold harmless and indemnify these parties from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon them because of any defect in this waiver/release and understand that I/we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Eastside Football Club will cause the participant to be removed from the program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____