



Medical Release and Liability Waiver

Team Name: _____ Gender and Age Group: _____

Player Name: _____ Date of Birth (mo/date/year): _____

Address: _____ City/State/Zip _____

Email Address: _____

Your email address will not be shared with third parties

Known Allergies (including medicine) and any other medical problems that should be noted:

Name of Parent/Guardian: _____ Phone #: _____

Address: _____ City/State/Zip _____

Emergency Contact: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Acknowledgments

Recognizing the possibility of physical injury associated with soccer and in consideration for NEFC accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify NEFC and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

As the adult player or parent/legal guardian of a minor participant in NEFC programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

I also allow NEFC to publish images of my child for use in NEFC publications or marketing materials, recognizing that NEFC agrees not to share my child's name or personal information without my additional consent to its specific use.

I agree to all of the above statements, and certify the above personal information to be accurate.

Signature of Parent/Guardian

Date