



Medical Release Form

Player's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not available in emergency, please notify:  
(Please note that state regulations mandate 2 emergency contacts)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**PRESCRIPTION MEDICATION**

Please specify any medication that your child is taking and any potential side effects.

**ASTHMA INHALERS ARE CONSIDERED MEDICATION.**

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In consideration of being allowed to participate in any of the Suburban Athletic Club Soccer or Futsal programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately; and,
3. I agree to release and hold harmless Suburban Athletic Club/Recreation Management DBA, New England Futsal Academy, Kings FC and any or all affiliated or subsidiary entities, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY or loss or damage to person or property;

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_