



NE CANTOLAO FOOTBALL CLUB

Player's Medical Information

In an emergency, when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. Phone: _____

Please list player's allergies: _____

Please list other medical conditions (seizures, history of head injuries, etc.): _____

Primary Care Physician: _____ Phone: _____

Medical/Hospital Insurance Company: _____

Phone: _____

Policy Holder's Name: _____ Policy Number: _____

****Please Review and Sign Waiver on Page 2****

Medical Treatment Authorization and Liability Waiver

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and /or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club. NE Cantolao Attack Football Club, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in NE Cantolao Attack Football Club programs and/or being transported to or from the same which transportation I hereby authorize.

I hereby state that I understand the risk of Covid-19 and associated federal, state and local directives and guidelines that underscore the risks associated for persons out in public. This release is subject to any federal, state, or local directives and it is the responsibility of the undersigned to be aware of such directives and how such directives may affect you and your family. The undersigned understands that exposure to the disease-causing organisms and objects, such as Covid-19, and personal contact with others, including but not limited to members of the NE Cantolao Attack Football Club, involves a degree of risk that could result in illness, disability, or death. The undersigned acknowledges that it is impossible to screen and/or monitor all such individuals.

The participant and/or the undersigned has read the above warning, waiver, and release of liability, assumption of risk and agreement to participate, fully understand its contents and that fully understands that substantial rights have been given up by signing it and do hereby sign it voluntarily. I hereby certify that the participant and/or undersigned, is either eighteen (18) years of age and of sound mind and or is under eighteen years of age but is in the charge of a parent or guardian who has read and read and explained this agreement to the minor child and is co-signing the agreement with the minor child. The participant and/or the undersigned is assuming these risks of his/her own free will, being under no compulsion or duress and understands this waiver and assumption of risk is all inclusive and may not be revoked, altered, amended, rescinded or voided without the express prior consent of the NE Cantolao Attack Football Club.

Signature of Player (if 18 years of age): _____

Date: _____

Signature of Parent or Guardian (if child is a minor) _____

Date: _____

Relation to Player: _____

**NE Cantolao Attack FC
PO Box 1783
Shavertown PA 18708**