



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Information

Father's Name: _____ Home/Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home/Cell Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home/Cell Phone: _____ Work Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Indy Phoenix FC and its affiliates accepting my child as a player in the soccer programs and activities for Indy Phoenix FC and its members (the "Programs"), I consent to my child participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Indy Phoenix FC, its affiliated organizations and sponsors, its employees, coaching staff, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player as a result of my child's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic training and/or licensed medical care providers provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment. I hereby agree and expressly understand that there are inherent risks and dangers associated with my child's participation in soccer, and voluntarily choose to allow my child to participate in soccer and related activities as contemplated and identified in this Release.

I give permission to Indy Phoenix FC to use my player's picture or likeness in promotion of Indy Phoenix FC in printed/electronic media and its website. I renounce and waive any claims upon Indy Phoenix FC for reimbursement for use of this material.

Signature of Parent/Guardian

Date