



Soccer Chance Academy Portland Release of Liability / Medical Consent

I hereby voluntarily permit my child to participate in the **Soccer Chance Academy Portland** program. I understand and fully accept that there are risks involved in sports, and that accidents and injury are common and are common occurrences of sport. I hereby agree to and accept any and all risks or injury or death and verify this statement by signing here:

Signature of Parent/Guardian: _____ Date: _____

Printed name of Parent/Guardian: _____

As consideration for being permitted by **Soccer Chance Academy Portland** to participate in these activities, I hereby release and hold harmless **Soccer Chance Academy Portland**, its staff, volunteers, and designated coaches from all liability, and from all actions or claims that my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold **Soccer Chance Academy Portland** (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to **Soccer Chance Academy Portland**, its staff, trainers and volunteers to order treatment for my child, including any necessary medical treatment, x-rays, or transportation. I also hereby give permission to **Soccer Chance Academy Portland**, its staff, and solunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child may incur as a result of such treatment. **Soccer Chance Academy Portland** also does not provide any medical or other insurance protection or benefits for those who participate in the **Soccer Chance Academy Portland** program.

I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a contract between me and **Soccer Chance Academy Portland** and sign it of my own free will.

Signature of Parent/Guardian _____ Date: _____

Printed name of Parent/Guardian _____



Soccer Chance Academy Portland Medical History

Name of Player _____

Address _____
 First Middle Last
 City State Zip

Birth Date of Player ___/___/___ Date of last Tetanus Booster ___/___/___

Emergency contact name and number #1 _____

Emergency contact name and number #2 _____

Known allergies of this player, including any allergies to medicine _____

Do you have any of the following: (please circle) Asthma Bleeding Disorder Diabetes Heart Condition Kidney Disease Braces Contacts

Please list any of the following you have had and note the dates:

Head Injuries _____

Fractures (please specify) _____

Surgery _____

Hospitalization _____

List any medications you are currently taking and include directions: _____

Have you suffered an injury that has prevented you from participating in soccer in the past six months? If yes, please explain: _____

Family Physician _____ Phone # _____

Insurance Carrier _____ Policy # _____

Group # _____ Phone # _____

Name of Parent/Guardian #1 _____

Address _____

City/State/Zip _____

Home Phone _____ Work/Cell Phone _____

Name of Parent/Guardian #2 _____

Address _____

City/State/Zip _____

Home Phone _____ Work/Cell Phone _____

