

Franklin Soccer School, Inc.

Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child

(Name of child) _____

in the event of an accident, injury, sickness, etc., under the direction of persons listed below, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred.

Name of parent/guardian _____
Address _____
Home phone _____ work (cell) phone _____
Medical Insurance Co _____ Policy # _____
Email address _____

In the event I cannot be reached, any of the following people may be designated to act in my behalf:

1. _____ Phone# _____
2. _____ Phone# _____
3. _____ Phone# _____

Please list any food allergies: _____

Physician's name _____ Phone # _____
Address _____

I understand and accept that the risk of injury is possible while participating in athletic activities. I authorize the owners and staff of Franklin Soccer School to act according to their judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Franklin Soccer School for all medical or dental expenses incurred as a result of participation in Franklin Soccer School activities or programs, or use of Franklin Soccer School equipment or facilities. I hereby acknowledge that Franklin Soccer School, the staff, referees or representatives cannot be held responsible for any injury to my son/daughter.

I accept that from time to time, Franklin Soccer School, Inc. will use images of its students on their website or promotional materials. I further understand and accept that they will not use names of students in their materials. I hereby give Franklin Soccer School, Inc. permission to use the likeness of my child in its promotional materials.

Signature
(Parent/Guardian) _____ Date _____