



## United Futbol Academy

### TOPSoccer Medical Authorization & Release

#### Parental Consent for TOPSoccer Program Participation:

I am the parent/legal guardian of \_\_\_\_\_ and on whose behalf I have submitted the attached Athletes Application/Agreement to participate in the United Futbol Academy TOPSoccer Program. I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has certified that, based on an independent medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all United Futbol Academy TOPSoccer and other TOPSoccer Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand that the reason for the required presence of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed. In permitting my son/daughter to participate in the United Futbol Academy TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice, and/or words in television, radio, film, newspaper, magazine, and/or other media for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types of support for TOPSoccer.

As the parent/legal guardian of \_\_\_\_\_. I have read and understand fully each of the above provisions. Through my signature on this consent form, I acknowledge and agree with each of the above provisions on my own behalf and that of my participating child. I also recognize the potential risk(s) that are involved with my child's participation in TOPSoccer and agree to hold harmless the TOPSoccer coaches, volunteers, and others involved in administering this program should harm relating to his/her disability(ies) occur to my child when he/she is participating in TOPSoccer.

I hereby declare that \_\_\_\_\_ has my permission to participate in TOPSoccer.

**Important Note:** The following information is required in the event that medical treatment or hospital Emergency Room Treatment is needed for the player named below. The information contained herein will be kept in the strictest confidence and will be used only to facilitate medical treatment in the event the player named below is injured. Failure to complete the following information will mean the player named below will NOT be eligible to participate in TOPSoccer practices and games.

Player Information					
Last Name		First Name			
Date of Birth (MM/DD/YYYY)	Height	Weight			
Parent/Guardian Information					
Parent/Guardian Name(s)					
Address					
City			Zip		
Home PH#	Work PH#	Cell PH#			



Emergency Contact Information			
Emergency Contact			Relationship to Player
Home PH#		Work PH#	Cell PH#
Physician Information			
Family Physician			Office PH#
Address			City/State/Zip
Hospital Preference			
Medical/Insurance Information			
Known allergies and medical conditions:			
Hospitalization Insurance Company			
Policy #		Subscriber Name	
<input type="checkbox"/> Check here if the player is not covered by a medical insurance policy. (NOTE: Medical insurance is NOT REQUIRED.)			
Player Medical Information			
General Medical Diagnosis			
List all conditions associated with medical diagnosis that would assist coaches in working with your child (please be specific):			
Special Equipment used/needed by player:			
Special Medications that may be needed in case of emergency:			
Please provide any additional information that might be helpful in instructing/coaching your child to play soccer (i.e., visual, sign language, etc.), or any other information UFA should know:			
<b>PLEASE READ CAREFULLY:</b> I/We understand that in the event of an injury, basic first aid may be administered on-site by the coach or other volunteer, who is hereby resolved of all liability for treatment. I/We further understand that in the event of an injury requiring emergency treatment, in the event of my absence, I/We hereby authorize transportation of the above minor to a hospital or other facility for emergency medical treatment as may be necessary for their wellbeing.			
Parent/Guardian MUST Sign			Date (MM/DD/YYYY)
NOTE: Medical Information and Release must also be filled in completely.			