

\*\*\* THIS FORM MUST BE NOTARIZED \*\*\*

**TOLEDO CELTICS SOCCER CLUB, INC.**

**MEDICAL RELEASE FORM**

PLAYER \_\_\_\_\_ TEAM \_\_\_\_\_ DATE \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Known allergies of this player, including allergies to medicine \_\_\_\_\_

Any other medical problems that should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Dentrist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Phone: Home(\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

STATE OF \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Commission expires \_\_\_\_\_

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**TOLEDO CELTICS SOCCER CLUB, INC.**

**LIABILITY WAIVER AND MEDICAL RELEASE**

To make certain you understand the risks involved, the waiver recipient named below requires you to sign this waiver before you can participate in Toledo Celtics Soccer Club, Inc. Further you agree that the waiver recipient, along with its officers, trustees, members, managers, employees and agents, heirs, successors and assigns, are not responsible for any of the following risks:

- injury, death or loss to self caused by contact with teammates, other players or the ball itself;
- hazards that may be brought on by the goal posts or soccer equipment;
- hazards or illness that may be caused by weather or field conditions;
- the potential of another player or teammate to act in a negligent manner that may contribute to injury;
- injury, death or loss to self resulting from transportation to and from soccer events ( 7/01/18 – 8/31/19);
- examination or treatment by Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses that may result from unexpected illness or injury;
- any other injury, death or loss of any kind, like or nature whatsoever.

This waiver will be interpreted according to Ohio law. To terminate it, you must do so in writing. It can only be amended in writing, when signed by both parties.

- BY SIGNING THIS WAIVER ALL PARTICIPANTS IN THIS YOUTH SOCCER ORGANIZATION PARTICIPATE AT THEIR OWN RISK AND EACH MINOR CHILD WILL BE THE SOLE RESPONSIBILITY OF THEIR RESPECTIVE PARENT AND/OR GUARDIAN.

*Person receiving waiver (Office)*

*Person giving waiver (Parent/Guardian)*

By: \_\_\_\_\_

\_\_\_\_\_  
Signature (if under 18, parent/guardian)

\_\_\_\_\_  
(Print name and title of person signing)

\_\_\_\_\_  
(Print name of the participant)