



First Touch Soccer Parental Consent Form

All Areas of this Form Must Be Completed and Signed Prior To Participation

Participant Name: _____

Parent/Guardian Name: _____

Relationship: _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I/We hereby give permission for the staff of First Touch Soccer and Fitness Training to seek during the period of the training session(s) appropriate medical attention for the participant and for medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I/We will be responsible for any and all costs of medical attention and treatment.

I/We the undersigned, for ourselves and as guardian(s) of _____ (Participant) understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and session activities.

I/We represent that I/We have sought the opinion of our child's physician, _____ (Name of Physician), and he/she concurs that, _____ (Participant) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the participant listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge First Touch Soccer and Fitness Training, Dover Foundation YMCA, Town of Huntersville, Ramblewood Soccer Incorporated and their staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in activities while training, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian: _____

Date: _____