



Player Tryout – Medical Release Form

Player First & Last Name: _____

Date of Birth: ___/___/___ Age: _____ Gender: M F

Parent or Legal Guardian Name (s): _____

Primary Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Medical Release:

I, _____, the parent/guardian of _____ hereby give my permission for FC Valencia Staff to procure necessary medical treatment, until such time as I may be contacted, for my child/ward should they be injured or require medical attention while playing or practicing as members of FC Valencia. This permission shall be in effect for one year from date of signing.

Signature: _____ Date: _____

Accident / Injury Liability Release:

I, the undersigned, also do hereby assume responsibility for any accident, injury, or death that may occur to my child/ward while participating in any event sanctioned by FC Valencia or team coach. I hereby remise, release, and forever discharge FC Valencia and it's agents, servants, personnel, and coaches from suits of law, of whatsoever kind of nature regarding my child's/ward's participation in the soccer program.

Signature: _____ Date: _____