



GPS Milan Boston

Super Club

56 Washington St. Newton, MA 02458
Phone/Fax 617-527-0100
www.gosmilanboston.com

CLUB MEDICAL & LIABILITY WAIVER

Player's Name _____ Birth date _____

Street Address _____ City _____ Zip _____

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

Email _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____ Alternate Phone _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in GPS Milan Boston programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ **Date** _____

Relationship to player: father, mother, guardian) _____

I/We, the undersigned, as parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in all of GPS Milan Boston activities. In signing this consent, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless, GPS Milan Boston, MYSA/USYA, facilities/fields used by GPS Milan Boston and its successors, departments, officers, employees, servants, and agents, of and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries which I/we may not or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, wither before, during or after his/her participation in all of GPS Milan Boston and to INDEMNIFY, reimburse or make good to GPS Milan Boston or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the school's or its representatives may have to pay if any litigation's arise from said minor's participation in the said GPS Milan Boston activities.

I/we give permission for our son's picture to be used on the GPS Milan Boston website and other promotional materials. _____ (initials)