

Medical Release, Concussion Consent, & Liability Waiver Form

Player First Name (legal name) _				
Player Last Name (legal name) _				
Parent(s)/Guardian(s)			_ State:	
Home Address	City:	State:		
Home Phone	Mobile Phone			
Email Address				
Gender? Male Female	Date of Birth	(I	(MM/DD/YYYY)	
Current Soccer Club & Team	Curre	nt Coach		
How did you hear about this MFF	RC Session? (Check all that ap	ply)		
Website Google Flyer _	E-mail Player/Parent _	Other		
This document is required	to be signed and turned in p	rior to the begin	ning of the MRFC session.	
As the parent or legal guardian of the a seek and authorize emergency medical reached. I hear-by release and dischargentities from any and all liability, claims loss suffered by my child in connection A concussion is a brain injury and all branother part of the body with the force to normally works. Even though most concincluding prolonged brain damage and concussion must be removed from the concussion, regardless of how mild it seconcussion, or if you notice the symptot, the parent/guardian of the above-name Soccer/Puget Sound Premier League (lassociated with soccer and in considerated activities, I hereby release, dischartorganizations and sponsors, their employ US Club / PSPL, MRFC, against any Programs and/or being transported to cindoor soccer with regards to injury and	treatment for my child when deemedge MRFC, and its members, employed, demands, damages and causes of with his/her participation in these operain injuries are serious. They are caustransmitted to the head. They can rare classions are mild, all concussions are death if not recognized and managedgame or practice immediately. No attack of the properties of concussion yourself, so the properties of concussion yourself, so the properties of the Mount Rainier Futbol ation of US Club / PSPL and MRFC, ge and/or otherwise hold harmless Uppees, volunteers and associated per claim by or on behalf of the above-inform the same, which transportation of the same, which transportations.	d immediately necessives, contractors, organization for personal interpretation for personal interpretation for personal interpretation and tryout used by a bump, blowing from mild to severe potentially serious and properly. Any athlet and the may return to act, without medical cleat, the athlete sits out. He athlete sits out the player and I will all Club. Recognizing the accepting the abovels Club / PSPL, and I resonnel, including the named player as a restantion.	sary or advisable, and I cannot be anizers, sponsors, agents and affiliated jury, property damage, and/or other sessions. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away. If your child reports any symptoms of a right away.	
Printed Name	Parent/Guardian Signatu	re	Date	