

F24 Participant Medical Release – Waiver Form

Participant's	Parent/Guardian (if under 18)
Name: _____	Name: _____
Date of Birth: ___/___/___ Age: ___ <input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	Email Address: _____
Address: _____	Phone #: (Home) _____
City: _____ State: ___ Zip: _____	Phone #: (Cell) _____
Participant T Shirt Size: _____	

-For Team Registrations Only-

Coach's Name: _____	Club Name: _____
Email Address: _____	Team Name: _____
Phone #: (Home) _____	Age Group: _____
Phone #: (Cell) _____	Gender: <input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>

Please Read Carefully and sign the following/Medical Release-Waiver Form.

In consideration for participating in any way in Futbol24LLC/Paul Horozoglou sessions and programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named Participant/child during or in connection with Futbol24LLC/Paul Horozoglou or his staff while participating in any and all training sessions. I acknowledge that, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release Futbol24LLC/Paul Horozoglou and his staff, from all liability for any claim for damages which I/the above named or child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I give Futbol24LLC/Paul Horozoglou and or his staff authority to seek emergency medical treatment/assistance if needed. Futbol24LLC/Paul Horozoglou is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first session. Futbol24LLC/Paul Horozoglou reserves the right to cancel or change any scheduled events.

Signature: _____ Print Name: _____

REQUIRED EQUIPMENT

Shin Guards, Soccer Ball, Cleats or Indoor Shoes

Mail Form and Payments to: **Futbol24/Paul Horozoglou 653 Holland Road, Holland, PA. 18966**

Futbol24 Director: Paul Horozoglou

Phone #: 267 249 0677

Email Address: info@futbol24socceracademy.com



Futbol24LLC