

# F24 Participant Medical Release – Waiver Form

Participant's Name: \_\_\_\_\_ Parent/Guardian (if under 18) Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  F  M  Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (Home) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone #: (Cell) \_\_\_\_\_

-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