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Futsal Medical Treatment Authorization and Liability Waiver

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 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 below and within the online registration system I have completed. I hereby authorize emergency transportation of the 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 herby release, discharge and otherwise indemnify Lyons Township Soccer Club, their sponsors, and its employees and associated personnel, against any claim by or on behalf of the soccer player named below as a result of that player's participation in Lyons Township Soccer Club Futsal program and/or being transported to or from the same, which transportation I hereby authorize.

Allergies, special needs and/or other medical conditions:

Player name
Parent/Guardian name
Parent/Guardian signature
Date