



MILL CREEK MONARCHS FC YOUTH SOCCER

PARENT/GUARDIAN CONSENT LIABILITY WAIVER AND PLAYER

MEDICAL RELEASE FORM AGREEMENT

Player's Name: _____ Date of Birth: _____ Date of Last Tetanus Booster: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian

Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian

Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when Parent/Guardian cannot be reached, please contact:

Name: _____ Home Phone: _____ Mobile Phone: _____

Name: _____ Home Phone: _____ Mobile Phone: _____

Have you ever been rendered unconscious or suffered a concussion? Yes / No

How many times? _____ When? _____

Have you ever suffered a back injury? Yes / No If yes when? _____

Have you ever been diagnosed, by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? Yes /No
If yes what and when?

Allergies _____

Player's Physician _____ Physician's Phone number _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Policy # _____

Acknowledgment and Assumption of Risk

I acknowledge and understand that participation in soccer and related athletic activities involves inherent risks that may result in injury. These risks may include, but are not limited to:

- Falls or collisions with other players
- Contact with equipment or playing surfaces
- Physical exertion and athletic strain
- Weather-related conditions
- Sprains, fractures, concussions, or other serious injuries

I knowingly and voluntarily assume **all risks**, both known and unknown, associated with my child's participation in Mill Creek Monarchs FC activities.

Parent Responsibility and Liability

I acknowledge and agree that **I, as the parent or legal guardian, am fully responsible and legally liable for my child's participation** in all Mill Creek Monarchs FC activities.

I understand and agree that:

- I assume full responsibility for my child's behavior and participation.
- I am fully responsible for any injuries or damages sustained by my child during participation.
- I am fully responsible for any medical care or treatment required as a result of participation.

I further acknowledge that **Mill Creek Monarchs FC does not assume parental responsibility for participants** and that supervision by coaches or volunteers does not transfer parental liability.

Waiver and Release of Liability

To the fullest extent permitted under the laws of the State of Washington, I hereby release, waive, discharge, and hold harmless **Mill Creek Monarchs FC**, including its directors, officers, coaches, volunteers, staff members, sponsors, field owners, and representatives from any and all claims, liabilities, damages, injuries, losses, or expenses arising out of or related to my child's participation in club activities.

This release includes claims arising from negligence to the maximum extent permitted by law.

Indemnification Agreement

I agree to **indemnify and hold harmless** Mill Creek Monarchs FC and its directors, officers, coaches, volunteers, and representatives from any claims, demands, damages, costs, or legal expenses that arise from my child's participation in club activities.

Medical Authorization and Emergency Treatment

I certify that my child is physically capable of participating in soccer activities.

In the event of injury, illness, or medical emergency, I authorize coaches, staff members, or designated representatives of Mill Creek Monarchs FC to seek emergency medical care for my child if I cannot be reached.

I authorize licensed medical personnel to provide medical treatment deemed necessary, including but not limited to:

- First aid
- Emergency transportation
- Medical treatment
- Hospitalization
- Surgical procedures if required

I, the undersigned parent or legal guardian of the above-named minor participant, hereby grant full permission and consent for my child to participate in all activities organized or affiliated with **Mill Creek Monarchs FC**, including but not limited to practices, scrimmages, training sessions, games, tournaments, travel events, and other soccer-related activities.

I acknowledge that participation in youth sports is voluntary and that I am allowing my child to participate with full knowledge of the risks involved.

Responsibility for Medical Expenses:

I acknowledge and agree that I am solely responsible for all medical expenses incurred as a result of my child's participation in Mill Creek Monarchs FC activities, including but not limited to:

Ambulance Services
Emergency care
Hospital Treatment
Physician services
Rehabilitation services

Mill Creek Monarchs FC does not provide medical insurance coverage for participants.

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, I consent to my son/daughter participating in Mill Creek Monarchs Activities. Further, I release, discharge, and otherwise indemnify Mill Creek Monarchs FC, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

This agreement shall be governed by and interpreted in accordance with the laws of the state of Washington.

By signing below, I confirm that I have read and fully understand this agreement. I understand that I am assuming responsibility and liability for my child's participation in Mill Creek Monarchs FC activities and that this agreement is legally binding.

Signature of Parent/Guardian: _____ **Date:** _____

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