Chicago Strikers Parental Consent and Waiver Form

Chicago Strikers
1501 Us Highway 34
Oswego IL 60540
dom@chicagostrikers.com

Parental Consent and Waiver Form for Youth Soccer Participation

I, the undersigned, hereby grant permission for my child,_____, born on _____, to participate in the activities organized by Chicago Strikers. I acknowledge that my child will be engaging in soccer-related activities, including practices, games, tournaments, and other events.

Participant Information:

- Child's Full Name: _____
- Date of Birth: _____
- Parent/Guardian Name: _____
- Contact Number: _____
- Emergency Contact: _____
- Emergency Contact Number: _____

Medical Information:

I understand the importance of providing accurate medical information to ensure the safety and well-being of my child. Please inform the coach of any medical conditions, allergies, or medications that may affect your child's participation.

- Known Medical Conditions: _____
- Allergies: _____
- Current Medications: _____
- Preferred Hospital/Clinic: _____

Emergency Medical Treatment Authorization:

In the event of an emergency, I authorize Chicago Strikers staff and coaches to seek medical attention for my child. I understand that the contact information provided will be used to inform me promptly.

Assumption of Risk and Waiver:

I acknowledge that soccer is a physical activity that involves inherent risks. I understand and accept the risks associated with my child's participation in soccer activities. I release Chicago Strikers, its organizers, coaches, volunteers, and staff from any liability for injuries or damages that may occur during club-related activities.

Photography and Publicity Release:

I grant Chicago Strikers the right to use photographs or videos of my child for promotional and publicity purposes. This may include, but is not limited to, the club's website, social media, and promotional materials.

Parent/Guardian Signature: _____ Date: _____

Permission for Participation:

I, the undersigned, grant permission for my child, _____, to participate in all activities organized by Chicago Strikers.

Parent/Guardian Signature: _____ Date: _____

Please return this completed form to the Chicago Strikers organizers before your child's participation in any club activities. Thank you for your cooperation and support!