



# INTER Soccer Club Boston Inc.

56 Washington St. Newton, MA 02458

Phone 617-244-4109 Fax 617-965-0555 www.intersc.com

## CAMP MEDICAL and LIABILITY RELEASE FORM

As the parent/legal guardian of \_\_\_\_\_ I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date of last Tetanus Booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Phone \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

I We, the undersigned, as parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in all of Inter Bandits Soccer Club activities, including and not limited to travel with a club affiliate.

**I/we give permission for our son's picture to be used on the Inter website and other promotional materials.** \_\_\_\_\_ (initials)

In signing this consent, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless, Inter Soccer Club, facilities used by Inter Soccer Club and its successors, departments, officers, employees, servants, and agents, of and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries which I/we may not or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before, during or after his/her participation in all of Inter Soccer Club and to INDEMNIFY, reimburse or make good to Inter Soccer Club or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the Club or its representatives may have to pay if any litigation's arise from said minor's participation in the said Inter Soccer Club activities.

Signature of Parent/Guardian \_\_\_\_\_

### JURAT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

Commission expires \_\_\_\_\_