



# Parental Consent Form

To be completed in full by Parent or Guardian. No application can be accepted without the signature of a parent or legal guardian. This form is an agreement between signatory and Future Stars Soccer Academy, Inc. (Academy).

Contact/Emergency Contact, Please print

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country (if not U.S.A.): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternate Emergency Contact:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

**MEDICAL INSURANCE COVERAGE:** Campers must have their own medical coverage. The Academy may provide limited supplemental insurance coverage, but this may not cover all expenses in case of injury or illness. Please mail or fax a copy of your child's or family insurance card along with this form.

**Insurance Company:** \_\_\_\_\_  
**Policy Holder:** \_\_\_\_\_  
**Policy #** \_\_\_\_\_

**MEDICAL RELEASE:** I, \_\_\_\_\_ (Parent/Guardian Full Legal Name), hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Full Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below. In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Any Academy representative or tournament representative where my child is playing, participating in a tournament, or attending a clinic or camp; or
- My child's physician or a one selected by the Academy to hospitalize or secure medical treatment for my child.

PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ KNOWN ALLERGIES: \_\_\_\_\_

**LIABILITY RELEASE:** I assume all risk of loss or property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to indemnify, hold harmless and, upon the reasonable request of Academy, to defend Future Stars Soccer Academy, Inc, and its employees, directors, officers, agents, and volunteers from and against all loss, liability, damages, claims, or expenses, including reasonable attorneys' fees, arising out of claims or suits for damage or injury to persons or property in connection with, in whole or in part, for any injury which might be considered a normal risk associated with participation in or attendance at any soccer activity.

**RELEASE FOR PHOTO, COMMENTS, ETC.** I give Future Stars Soccer Academy permission to use content (e.g., photography, video, film, oral and written evaluations or feedback) and other identifying information contained within (e.g., names, images, and comments of self, spouse, and child), in whole or in part, in marketing activities relating to the promotion of the Academy. Academy may record by any means including, without limitation, electronic recording, film, videotape, audiotape, and/or photography. Academy will own all copyrights and grants parent/guardian a license to use the content. However, both parties agree to stop using the content within sixty days upon written request from the other. Academy will have the right to use, reference and display as follows: (i) by publication on Academy's websites; (ii) by publication in any and all media now or hereafter known, including, without limitation, television, cable, satellite transmission, film, videotapes, motion pictures, audio recordings, photographs, print publications, merchandising, the Internet and World Wide Web; (iii) in printed and videotaped copies distributed to Academy employees prospects, and customers or distributed at Academy-sponsored or co-sponsored events; (iv) in excerpts included in speeches, slides, brochures and other marketing collateral materials; and (v) as reference when communicating with prospective customers, the press and the general public. I agree to release the Academy and its contractors, agents, and employees, from any claims, so long as such use is in accordance with the rights granted under this release.

**I warrant that I have legal authority to enter into this agreement.**

**DATE:** \_\_\_\_\_

**SIGNATURE (PARENT/GUARDIAN)** \_\_\_\_\_

MAIL OR FAX COPY OF (1) INSURANCE CARD, (2) THIS CONSENT FORM, (3) REGISTRATION, & (4) PAYMENT TO THE ADDRESS OR FAX NUMBER BELOW. WE ACCEPT PAYMENT BY CHECK OR CREDIT CARD. THANK YOU.