



Permission to Participate & Medical Authorization

FC NAPOLI

TryOuts MEDICAL RELEASE:

Athletes

NAME: _____

Mailing Address: _____

Gender: M / F

City: _____

Date of Birth: ___ / ___ / ___

State: _____ **Zip:** _____

Phone: _____

E-Mail Address: _____

As parent/legal guardian I, _____ give permission for the above named athlete to participate in the FC Napoli club soccer program TryOuts, June 1st through June 30th. I further certify that he/she is capable of participating in a strenuous physical activity, to wit soccer. I also agree to hold harmless the FC Napoli soccer club, its staff, agents, tournament sponsors, opponent teams or club, the Preparatory School of Marianopolis it's employees, and /or any associated organization from any and all injuries which may be sustained by the athlete during his/her participating in the program.

In case of emergency, I understand every attempt will be made to contact the person(s) listed above. If contact is unsuccessful, I give my permission to the tending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from or illness is the responsibility of the person signing below.

Parent Guardian Signature: _____ **Date:** _____