

KL YOUTH SOCCER (KLYS)
DISCLAIMER Form, Season 2019-2020
Training and Local and Foreign Tournaments

Age Group U _____

Disclaimer, Authorization and Consent Form

I/We being the parent/lawful guardian of the below named hereby consent for my child to train with the Academy for the Season 2019-2020 and to represent the academy in age group soccer tournaments both local and overseas during the above season if so selected.

Pursuant to the above I hereby authorize the academy, the coaches, organizers or external tournament organizers/officials to treat or hospitalize my child/ward if there is a need for it and in doing so I/ We will not hold the academy and/or any parent representative, and coaches responsible for any accidents, injuries or loss of property to my child arising from being part of the training and soccer tournaments both local and overseas

I hereby furnish my child's basic medical details and will undertake to inform the academy in writing if there are any changes in my child's/ward's medical condition.

Prepared in _____ on _____

Signature : _____

Name: _____

Relationship with Trainee _____

Emergency contact numbers for this period:

Medical Details of the Trainee (above named)

KLYS Player's full name: _____

Birth date: (day-month-year) _____ Blood Type: _____

Medical insurance name & number:

Please describe any special medical conditions, allergies, if any, and medications taken.

Please attach a copy of relevant medical reports in case special attention is needed.