

**IMMANUEL LUTHERAN SCHOOL (ILS)**  
**WINTER INDOOR SOCCER FUN LEAGUE for BOYS & GIRLS**

**PARENTAL CONSENT & MEDICAL AUTHORIZATION FORM**

This form **MUST** be signed by a Parent or Guardian of any child participating in our Immanuel Lutheran Church (ILC) Winter Indoor Soccer Fun League for Boys and Girls in Elmhurst, IL.

As with any sport, there is always a possible risk of serious injury. Indoor Soccer is a highly active game and potentially could result in an injury. I understand that Immanuel Lutheran does **NOT** carry any liability insurance. Therefore, this means that my child is **FULLY** covered under **MY** insurance company. I understand that I have a duty to provide primary and medical insurance for my child and I declare that my child is currently covered by primary accident and medical insurance.

In the event of a medical emergency when I, the parent or legal guardian, cannot be reached, I hereby authorize the soccer coach or referee, to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in *no way* will either ILC in Elmhurst, employees, coaches, and referees be held liable for actions taken in good conscience, and according to *standard first aid procedures*, in an emergency situation.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Name of Child (Please Print): \_\_\_\_\_

Grade: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size (if needed): S – M – L – XL – XXL – 3L

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

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY PHONE NUMBERS (where you can be reached):**

HOME Phone: (\_\_\_\_) \_\_\_\_\_ WORK Phone: (\_\_\_\_) \_\_\_\_\_

CELL Phone: (\_\_\_\_) \_\_\_\_\_

**Additional Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**Please note any ALLERGIES / REGULAR MEDICATIONS / MEDICAL or PHYSICAL LIMITATIONS, AND ANY OTHER HEALTH CONCERNS for my child that a medical person should be aware of.**

**(Note: Please use back of this form if you need additional space.)**

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