

EMERGENCY CONTACT FORM

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

PARENTS'/GAURDIANS' NAMES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARTICIPANT'S PHYSICIAN: _____

MEDICATION(S) TAKEN: _____

LIST ANY ALLERGIES (EX. FOOD, MEDICINE, INSECTS, AND ETC.): _____

1. IN THE EVENT OF ACCIDENT, INJURY OR ILLNESS WHERE CAN PARENT(S)/GUARDIAN(S) BE REACHED?

PARENT/GUARDIAN NAME: _____ PHONE: (_____) _____

PARENT/GUARDIAN NAME: _____ PHONE: (_____) _____

2. WHO SHOULD WE CONTACT IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED:

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby represent that I am the parent and/or guardian of the above-mentioned minor child. I request that my child be allowed to participate in the White Glove Goalkeeping event at the Rush Premier Academy Sports facility at the Sandpiper Bay Resort in Port St. Lucie, Florida.

I give permission to a representative of White Glove Goalkeeping to obtain on my child's behalf, at my expense, any emergency medical treatment as deserved necessary in the sole discretion of White Glove Goalkeeping representative in case of sickness, accident, or injury.

In consideration of the request to participate in the event. I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD TO RELEASE AND FOREVER DISCHARGE WHITE GLOVE GOALKEEPING, ITS OFFICERS, EMPLOYEES AND SUBCONTRACTORS from any and all liability arising from providing emergency medical intervention to my child.

I have the authority to enter into this authorization and hereby do so, on behalf of myself, my child and all other parents and/or legal guardians of the child.

Signature of Parent/Guardian _____

Date _____

HEALTH INSURANCE INFORMATION

INSURANCE COMPANY: _____ POLICY NO: _____

NAME OF THE MAIN INSURED: _____ INSURED'S DOB: _____

***PROVIDE A FRONT AND BACK COPY OF YOUR INSURANCE CARD**

ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in Patrick Johnston LLC dba White Glove Goalkeeping athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself or on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, to the fullest extent Patrick Johnston LLC, their officers agents, and/or employees, subcontractors, event volunteers, other participants, sponsoring agencies, sponsors, advertisers, affiliates, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____