

GREEN MOUNTAIN FUTBOL CLUB

WINTER PROGRAM 2019 INDOOR SOCCER Grades 6-8

GREEN MOUNTAIN FUTBOL CLUB (GMFC) is offering Indoor Soccer (Futsal) opportunities at Enosburg Falls High School on Sundays from January 20th to March 31st for boys and girls in grades 6 - 8, from 11am - noon.

The format will be "pick-up", teams will be divided evenly

Cost for the winter season of our introductory program is only \$25

Please complete the attached US Soccer Medical Release form and return with payment to :

Randy Swainbank
299 Howrigan Road
Enosburg Falls, Vermont

GREEN MOUNTAIN FUTBOL CLUB is based in and around the town of Enosburg Falls, Vermont but is open to all Franklin County soccer players.

GREEN MOUNTAIN FUTBOL CLUB will provide opportunities for players to play indoor soccer, (Futsal) and spring outdoor soccer in the Vermont Soccer League, as well as summer soccer opportunities. The club will offer programs for all players age 3 - 18. The club will operate under the direction of Enosburg Falls High School Boys Soccer Coach Randy Swainbank. Any questions regarding the club should be directed to greenmountainfutbolclub@gmail.com

Look for our website and Facebook page coming soon:)



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date