JOHNSTON FALL SOCCERFEST
MEDICAL CONSENT AND WAIVER FORM

As parent or legal guardian of the following player, I hereby consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve life, limb or well being of said child. I hereby waive any liability of the Johnston Soccer Club and its representatives and agree to hold harmless from all liability.

Player	Address	Telephone	Parent's Signature	Date