East Orlando Knights Futbol Club Inc.

Participant Information

Last Name: _____First Name:_____

Gender (circle): Male Female

Address, City, State, Zip_____

Age:_____ DOB:_____

Grade (Fall 2026) _____ School for Fall 2026_____

Allergies / Medications:_____

Parent / Guardian Information

Name: _____ Primary Cell: _____

Back-up contact:_____ Secondary Cell:_____

Address, City, State, Zip (of parent/guardian):

_____

Email Address Primary Contact: _____

Email Address of back-up Contact: _____

Waiver & Agreement

By signing, I verify that my child is in good physical condition, and I will waive all responsibility to East Orlando Knights Futbol Club Inc., its Coaches, Directors, or its Volunteers for any injuries. I understand that youth sports

East Orlando Knights Futbol Club Inc.

may be dangerous and may cause minor or serious injury to my child. I will allow the East Orlando Knights Futbol Club Inc. to use my child's image in promoting their sports program.

In the event of an emergency, I agree that the East Orlando Knights Futbol Club Inc. shall call the back-up contact who can make health related decisions if the primary contact is unreachable. Additionally, in an emergency only, the East Orlando Knights Futbol Club Inc. will make the best medical decision in the best interest of your child that the law allows and until the primary or back-up parent/guardian can be contacted or located. I understand that the $275 deposit is non-refundable.

Parent / Guardian Print Name _____

Parent / Guardian Signature _____ Date _____

Athletics and Head Injuries- Informed Consent

Dear Youth Sports Parents and Athletes:

The East Orlando Knights Futbol Club Inc. is focused on youth development of the mind and body. While soccer may not be full contact, the safety of your child is the single most important thing to the East Orlando Knights Futbol Club Inc.. As a result, we need to review the risks of head injuries along with some new requirements under Florida Law for youth sports organizations.

In 2012 the Florida legislature passed House Bill 291 to ensure that parents, coaches, and athletes are informed of the risks associated with head injuries and to mandate minimum standards for education, informed consent, and re-entry after suspected injury.

East Orlando Knights Futbol Club Inc.

The law requires the education of athletic coaches, officials, administrators, and young athletes and their parents or guardians of nature and risk of concussion and head injury.

The parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent before participating in athletic competition or engaging in practice, tryouts, workout, or other physical activity associated with the youth's candidacy for an athletic team.

Each youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the head coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or head injury.

Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

By signing below, I acknowledge that I have read this consent form and I understand the risks of brain injuries associated with participation in athletic activity. I am aware of the requirements of the State of Florida's House Bill 291- Youth Athletes and elect to participate.

_____

Parent/Guardian Print Name Parent/Guardian Signature Date