



Boise Timbers|Thorns Soccer Club  
 2026-2027 Liability & Medical Release  
 Open Play June 1-4, 2026

Player's Last Name	First Name	M.I.		
Street Address	City	State	Zip	
Phone	Gender	Birth Date	Grade	
Email Address				
<b>Parent Contact Information:</b>				
Father	Home Phone	Mobile Phone		
Mother	Home Phone	Mobile Phone		
<b>Emergency Contact Information:</b>				
Name	Home Phone	Bus. Phone		
Name	Home Phone	Bus. Phone		
Allergies				
Other Medical Conditions				
Physician	Home Phone	Bus. Phone		
Medical/Hospital Insurance Company	Phone			
Policy Holder's Name	Policy Number			

Boise Timbers|Thorns FC (BTT) LIABILITY WAIVER AND MEDICAL CONSENT

LIABILITY WAIVER -- I, as parent or legal guardian of the above-named Participant/Player, hereby accept and assume all risk and responsibility for any accidents, illness, injury, and/or other damages which may result from the Participant/Player participating in any of the events, activities and/or programs associated in any way with BTT. This shall include without limitation transportation of my child related to participation in tournaments, games, practices, meals and other team activities associated with BTT. I further hereby waive, release and discharge BTT, its officers, directors, employees, agents, volunteers or anyone associated with BTT from any and all liability associated therewith.

MEDICAL CONSENT -- As the parent/legal guardian of the above-named Participant/Player, I hereby give consent that in my absence the above-named Participant/Player be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed nurses or technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given guarantee as to the results of examination or treatment. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I have read the above paragraphs including the Liability Waiver and Medical Consent and fully understand the terms contained herein. I understand that I am agreeing to assume certain responsibilities and commitments to release BTT from certain possible future liabilities. I sign this voluntarily and with full knowledge of the significance of its effect.

Parents/legal guardians of players registered with BTT give electronic agreement and consent to the above paragraphs using electronic digitized signatures which are legally valid and binding in accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act (E-SIGN) of 2000.

A handwritten signature is also required below in the event the player needs MEDICAL ATTENTION and parents are not available at the training or game fields.

A parent/legal guardian must sign below then scan or take a photo of the document laying FLAT in a BRIGHT area and email to: registrar@boisetimbersthorns.org

Print Name  Signature  Date