

# ULTIMATE FUTSAL LEAGUE

Germaxco Sports Management  
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48 Toh Guan Road East, Enterprise Hub  
#04-125/04-126, #06-123/124/125  
Singapore 608586

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or Legal Guardian of the above mentioned named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

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Name and Signature of Parent or Legal Guardian

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the UFL, all its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration for the UFL accepting the registrant for its Futsal (5-A-Side/Minisoccer) programs, leagues, tournaments, events and activities (the "Programs"), I hereby release, discharge, and /or indemnify the UFL, all its affiliated organizations and the sponsors, their employees and associated personnel, including the owners futsal centres and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program before, during or after UFL Programs.

Full Name:

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Parent/Legal Guardian

Address:

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NRIC/Passport No.:

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Email Address:

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Relationship:

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Contact Number:

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Signature:

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Date:

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