

## **Emergency Medical Release & Liability Waiver**

Participant's Name	Birthdate		
Street Address	City		Zip
EMERGENCY INFORMATION			
Father's Name	_ Home Phone (	)	Cell/Bus Phone ()
Mother's Name	_ Home Phone (	)	Cell/Bus Phone ()
In an emergency when parent/guardian cannot b	e reached or is	not applic	able, please contact the following:
Name	_ Home Phone (	)	Cell/Bus Phone ()
Name_	_ Home Phone (	)	Cell/Bus Phone ()
Allergies			
Other Medical Conditions			
Physician	Cell Phone (_	)	Bus Phone ()
Medical/Hospital Insurance Company	<del>-</del>		Phone ()
Policy Holder's Name		Policy N	umber
THIS AUTHORIZATION FOR EMERGENCY MED (PLAYER/COACH/REFEREE) CAN PARTICIPATE INFORMATION PROVIDED HEREIN.			BE COMPLETED BEFORE PARTICIPANT MENT FOR INJURY WILL BE BASED ON
I the undersigned participant and parent/guardian of the above that each participant will be engaging in activities that involve economic losses which might result not only from their own a play, or the condition of the premises or of any equipment uthis time, assume all the foregoing risk and accept personal hereby release, discharge, covenants to indemnify and not managers, agents, sponsors and associated personnel include conduct the event, all of which are hereinafter referred to as kin for any and all against any claim by or on behalf of the transported to or from the same, which participation, after car applicant/participant has received a physical examination by hereby give my consent to have an athletic trainer, coar applicant/participant with medical assistance and/or treatmetreatment. I, also agree to save and hold harmless and indecost, claim or damage whatsoever, including death or damaglack of such capacity to so act or caused or alleged to be considered in any manner and that any alt will cause the participant to be removed from the Program. (resulting the participant is to be removed from the Program. (resulting the participant to be removed from the Program. (resulting the participant to be removed from the Program. (resulting the participant to be removed from the Program. (resulting the participant to be removed from the Program. (resulting the participant to be removed from the Program. (resulting the participant to be removed from the Program.)	e risk of serious injuctions, inactions or a sed and further, that all responsibility for the sed and further, that all responsibility for the sed and ing those of its affilial releasees', from any the applicant as a reful consideration I aphysician and has chand/or doctor of the and all all the to property, which aused in whole or istantial rights by significant without the	ury, including negligence, but there may be the damages the Soccer Assated organizary and all liabilities. It is been found of medicine of the end of may be importing this relegation of the ending the parties hereing the parties the ending this relegation.	permanent disability or death, and severe social and ut action, inaction or negligence of others, the rules of the other unknown risks not reasonably foreseeable at following such injury, permanent disability or death sociation, its directors, officers, employees, coaches tions, and the owners and lessors of premises used to lity to each of the undersigned, his/her heirs or next of pplicant's participation in the Programs and/or being prize, and which transportation I hereby authorize. The physically capable of participating in the Programs or dentistry or associated personnel to provide the responsible for the cost of such assistance and/or referred to above as releasees from all liability, loss osed upon said releasees because of any defect in or negligence of the releasees. I have read the above ase and sign below voluntarily. I understand that this
Parents/Guardians Signature(Parents/Guardians' Signature	e is required if partic	ipant is under	the age of 18)
Participant's Signature (Participant's Signature is requi			

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.