

Medical Release and Liability Form

Team: _____ Coach: _____ Manager: _____

I hereby give my permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as I can be contacted. This release is in effect for two (2) years from the date given. I assume responsibility for payment of any treatment given my child under this aegis.

RELEASE OF LIABILITY

I am aware that during my participation and attendance in the Baystars FC events and related activities that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which I will be training, preparing and competing; negligence or other careless acts and omissions by other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the event organizers and/or their sponsors.

Parent Information

Person responsible for the payment of medical bills: _____

Home Address: _____

Home phone: _____ Work phone: _____

Emergency Phone #: _____

Player's physician: _____ Phone: _____

Address: _____

Player's Information

Player's Name: _____ Birth date: _____

Any known medical condition or allergic reaction to medicine: _____

Parent or Guardian Signature: _____

Date: _____