



## Insurance Information & Parental Consent

Participant: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Please note any medical conditions we should be aware of:

\_\_\_\_\_

As the parent/legal guardian of the above named minor, I request that in my absence the above named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I understand that I will be responsible for any expenses incurred on his or her behalf in connection with such treatment. I also understand that the player participates at his or her own risk. The Copa del Sol Tournament, its staff, Fort Lewis College, its Athletic Department, FLC staff, and Durango Youth Soccer Association shall not be liable for any damage arising from injuries sustained by the player during the tournament or at the facilities.

**NO PLAYER WILL BE ACCEPTED TO PARTICIPATE WITHOUT  
PROPER INSURANCE COVERAGE!**

Policy Holder: \_\_\_\_\_

Ins. Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Signature or Parental Consent: \_\_\_\_\_