

Player Name: _____ M/F: _____ DOB: _____ Date: _____



Saddleback United Soccer Club Medical Release Form

Informed Consent and Release Authorization for Emergency Treatment

"I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission for my child to participate in the Saddleback United Soccer Club, hereby assume full responsibility for all risk of injury or loss, which may result from my child's participation in this activity and hereby agree to hold harmless, release and forever discharge the officers of Saddleback United Soccer Club, their officers, agents and employees forenamed waive any and all claims and demands whatsoever which the undersigned and any of them or any third person and their representatives or any persons acting under their behalf have or may have against said officers, agents or employees by reason of any accident. Illness, Injury, or death of any person or persons, or damage to or loss of destruction of any property' arising or resulting directly from my child's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Saddleback United Soccer Club, their officer's agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all lay family members." and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health conditions, which would hinder or prevent his active participation in the Saddleback United Soccer Club." "I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application, and verify that the coverage information attached herewith is accurate and true." "In the case of an emergency and if I cannot be reached I hereby authorize the staff of Saddleback United Soccer Club to obtain whatever medical treatment they deem necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees."

"Having read and understood, and being in agreement with this release, I have signed and dated this application in the space below."

Medical Release:

I have read and understood, and agree with the informed consent and release information given below and release authorization outlined in this form as it relates to my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Insurance Company: _____

Policy Holder's Name: _____ Policy/Group Number: _____

Child's Physician: _____ Physician Phone #: _____

Allergies: _____

Current Medications: _____ Last Tetanus Booster: _____

Other Medical Conditions: _____