



## For Emergency Medical Authorization

This is to certify that the parent/guardian of the child listed below has permitted the bearer of this instrument authorize necessary emergency medical care by the attending medical provider or others they may choose in case of accidental injury, ingestion or illness.

Player name:

Home phone:

Player's Parent/Guardian:

Cell phone:

Emergency contact:

Phone number:

Relationship to player:

Phone Number:

Physician's name:

Insurance company:

Policy number:

Allergies:

Special medical conditions:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent Agreement:

I hereby consent to the participation of the player named above in this organization and their affiliated Clubs and activities. These activities include practices, games, tournaments or other activities authorized by this organization. I hereby agree to waive, on behalf of my child, any and all claims for damages resulting from my child's participation in this organization's program activities; against my team; it's coaches, managers and sponsors, this organization and its affiliated Clubs, assigned referees and officials, except as limited to the recovery specified in the insurance policy provided by this organization to each player as part of the registration fee collected by the individual clubs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_