



2010 Medical Release / Permission to Treat

SPOKANE SOCCER ACADEMY / MOONSOCER INC. LIABILITY WAIVER

/

Player Name Birth Date & Age (list both) Gender T-shirt Size

Season (Winter 1, Spring, Summer, Fall, or Winter 2) Session: (Laying the Foundation, Junior Academy, Salamander, etc)

Address

Home Phone Cell Phone

Email #1 Email #2

Emergency Contact

Home Phone Cell Phone

Known allergies of this player including any allergies to medicine:

Any other medical problems of note:

Family Physician Phone

Insurance Carrier Policy Number

As the parent/legal guardian of the above named player(s), I agree to the following:

Liability Release: As parent or guardian of the registered players listed above, I hereby acknowledge that the participation in any of the Spokane Soccer Academy's programs presents a risk of injury. I, personally and on behalf of said child (children), agree to hold harmless and indemnify the Spokane Soccer Academy, Moonsoccer Inc. and any other persons or entities, their boards, officers, coaches, sponsors and members, for and against any and all claims of any nature whatsoever arising from said child's (children's) participation in the soccer program. I certify that said child (children) has been declared by a physician to be physically able to participate in the soccer program without restriction.

Furthermore, I request that in my absence that the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, 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 for the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks.

In addition, I agree that pictures taken during program hours may be used for future promotional purposes, including posting on the Academy website. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Moonsoccer Inc. will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds given.

Player (if over 18) / Parent or Guardian's Signature Date