



Medical Release / Permission to Treat

SPOKANE SOCCER ACADEMY / MOONSOCER INC.

/U-	
Player Name	Birth Date & Age (list both) Gender T-shirt Size
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 hereby agree to assume and accept legal responsibility for his/her authorizations herein and/or referred to in this document.

PERMISSION TO TREAT: 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, known and unknown, and a danger of accidents, harm, and/or injury when engaging in activities such as soccer or training, and knowing those risks I hereby assume, accept, and acknowledge those risks.

MEDIA RELEASE: I understand that pictures and video may be taken at any session without prior notification and give my permission for my child to be photographed & videoed while in, arriving at or departing from any Spokane Soccer Academy and/or Moonsoccer, Inc. training or co-sponsored event. I also agree that all pictures or video taken during program hours may be used for future promotional purposes, including posting on the Academy website, being featured in commercials or advertisements, news, YouTube, or any other video hosting website.

In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of all conditions set forth in this document. Spokane Soccer Academy and/or 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 once payment is made.

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