

SSA MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

Please print all information except signature. This form is valid for one year from the date listed below

PARTICIPANT INFORMATION:

Participant's Name: _____ Participant's DOB: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Gender: M / F Email Address: _____

Parent/Guardian (1) Name: _____ Contact Phone (1): _____

Email Address: _____ Contact Phone (2): _____

Parent/Guardian (2) Name: _____ Contact Phone (1): _____

Email Address: _____ Contact Phone (2): _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone (1): _____ Phone (2): _____

Participant's Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Policy Holder Name: _____

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant listed above with medical assistance and/or treatment until such time as I may be contacted, and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Cobb Futbol Inc DBA Southern Soccer Academy, and its employees and associated personnel, the United States Soccer Federation and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in soccer program activities and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____ Relationship to Player (Circle): Parent/Guardian