

2011 - 11th Annual Girl's Summer Soccer Classic

Sponsored by the Girl's Soccer of M. L. King High School

Medical and Liability Release

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ ZIP: _____

HIGH SCHOOL: _____ GRADE: 9 10 11 12

My daughter, _____, has my consent to play in the 11th Annual Summer Soccer Classic as sponsored by the Girl's Soccer of M. L. King High School. Should it be necessary for my daughter to have medical treatment during this tournament, I hereby give her coaches and the Tournament committee permission to use their judgment in obtaining medical service for this daughter. I understand that the Girl's Soccer of M. L. King High School, M. L. King High School, and Riverside Unified School District, do not have insurance to cover the medical or hospital costs incurred for such treatment. Any costs incurred shall be my sole responsibility. I have read and understand the foregoing statements and agree to assume the responsibility and waive any and all claims.

Parent/Guardian: _____ Date: _____

Medical Information:

In case of an emergency or injury, I would like you to do the following:
(Please prioritize by listing 1 thru 4)

_____ Call me at _____
_____ Call Doctor _____ at _____
_____ Call an ambulance
_____ If necessary, take my daughter to hospital at _____

My daughter is covered by _____ Policy # _____
[Insurance Company]

My daughter has permission to travel to and from games in the cars of other parents, coaches, and/or other players.

Parent/Guardian: _____ Date: _____