



Medical Release & Authorization Form

TO BE READ AND SIGNED BY APPLICANT'S PARENT OR LEGAL GUARDIAN

I fully understand the nature and extent of the dangers inherent in the game of soccer, including but not limited to the ball, other players, officials, spectators, structures and potential hazards within the field of play. I also understand that prior to, during, and subsequent to the actual playing of the game of softball the child may be exposed to such dangers and agree that The Eliza Hope Foundation its agents, managers, officers, sponsors, supervisors, participants, and employees are not liable for injuries resulting from such causes.

CHILDS NAME

PARENT/GUARDIAN NAME

ADDRESS _____

PARENTS PHONE

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PARENTS PHONE

—

IN CASE OF EMERGENCY
CONTACT _____

EMERGENCY CONTACT
PHONE# _____

CURRENT MEDICATIONS BEING ADMINISTRED TO CHILD:

ALLERGIES/OTHER MEDICAL CONDITIONS:

In the event that the child requires emergency medical treatment while under the supervision of The Eliza Hope Foundation and no parent or guardian can be contacted, I authorize The Eliza Hope Foundation to

consent to the provision of the emergency medical treatment including signing all necessary documentation and releases required for such care. I hereby release and forever discharge any and all rights and claims which I or the applicant may have or which may later accrue against The Eliza Hope Foundation for any and all injuries resulting from such medical treatment. I acknowledge that I am voluntarily requesting that the child be permitted to play on the Hope Stars Soccer Team under The Eliza Hope Foundation.

Parent/Guardian Signature

Date

Relationship to
Applicant
