

Fall/Spring Soccer Medical Authorization/Release Form

Name of Participant/Child \_\_\_\_\_

I give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc under the direction of the IHSA and its representatives until I can be contacted. I understand the IHSA does require me or another adult to be present at all practices.

Does your child have any medical problems? If so, please explain \_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ alternate # \_\_\_\_\_

My child/I, \_\_\_\_\_, agree(s) to participate in the 4U program knowing that safety precautions will be taken, but realize that Indian Head Soccer Assn and/or the Charles County Dept of Public Facilities, and/or the MSYSA does not have accident insurance for this program. I, \_\_\_\_\_, do hereby release and hold harmless the Indian Head Soccer Assn, and/or MSYSA, its officials, employees, instructors, administrators and volunteers from any and liabilities arising from any injuries that might occur during the supervised program. I also authorize IHSA to take photographs of me/my child for promotional/educational purposes. It is stated and declared by me that the above information has been fully explained to me and that I agree willingly and voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_